

**Missouri Department of Social Services
Children's Division
Child and Family Services Program Improvement Plan**

This Program Improvement Plan (PIP) is the response of the Missouri Children's Division (CD) to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP will provide a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

The March 2004 CFSR report provided information on both strengths and areas needing improvement as identified through case review, state self-assessment, and stakeholder interviews. The following is a brief summary of the strengths and areas for improvement as reported for each of the three outcome areas contained the review.

SAFETY

Strengths:

- Missouri's dual track system; and,
- Structured Decision Making and Confirming Safe Environments as positive improvements for assessing the risk of harm to the child.

Areas for Improvement:

- Consistency in the timely initiation of investigations;
- Reduction in the recurrence of maltreatment within a 6-month period;
- Improving access and delivery of services; and,
- Consistently addressing risk of harm.

PERMANENCY

Strengths:

- Preventing re-entry into foster care;
- Missouri's Resource Guide for Best Practice in Child Abuse and Neglect Cases;
- Stakeholder reports of worker commitment to ensuring children have sufficient visitation with parents and siblings; and,
- Stakeholder reports of concerted efforts to preserve family connections;

- Criminal background and child abuse and neglect checks prior to placement with relatives, as well as completion of competency-based training and home studies; and,
- Innovative initiatives designed to promote the relationship between parents and children.

Areas for Improvement:

- Consistency in assuring children's placement stability in foster care;
- Consistency and timeliness in establishing appropriate permanency goals;
- Adequacy of resources to meet child placement needs;
- Consistent, diligent search efforts for relatives as potential placement resources;
- Documentation of valid reasons for separating siblings;
- Increasing efforts to assure children's connection with extended family;
- Improving efforts to maintain relationships with non-custodial parents; and,
- Achieving children's permanency goals in a timely manner.

WELL-BEING

Strengths:

- A wide array of services throughout the state that include mental health, parent aide services (homemaker, supervising visits and transportation services), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol services;
- Parent involvement in case planning for foster care cases;
- Concerted efforts to meet children's educational needs;
- 100 school-based social worker positions partially funded by the Children's Division in schools throughout Missouri;
- Meeting the physical health needs of children in foster care; and,
- The Systems of Care initiative focused on providing mental health services to children with serious mental health concerns without bringing them into residential care.

Areas for Improvement:

- Consistency in addressing families needs for services and/or provision of services;
- Availability and accessibility of needed services, especially in some areas of the state;
- Fully engaging parents and children in case planning;
- Frequency of worker visits to assure needs are met;
- Focusing worker visits on issues pertinent to case planning, service delivery, and goal attainment;
- Diligent efforts to meet children's educational needs – especially in in-home cases dealing with issues of truancy or educational neglect;
- Dental services for children; and,

- Assessment of mental health needs and provision of mental health services.

KEY INFRASTRUCTURE IMPROVEMENT COMPONENTS

In addition to the federal Child and Family Services Review (CFSR), the Children's Division has undergone numerous audits and reviews in recent years, including a Council on Accreditation for Children and Families (COA) Self Study and preliminary COA site visit. These studies and reviews have produced consistent themes underscoring what is done well and where improvement is needed. In developing a plan of action to achieve the excellence we envision, the emergence of these consistent themes provided a foundation upon which to build. Key components were identified, which include: 1) an effective organizational structure; 2) circuit self assessment and strategic improvement; 3) professional development and practice enhancement; 4) improving service access and intentionality and 5) accountability, including data driven management.

ORGANIZATIONAL STRUCTURE

Governor Bob Holden issued an executive order reorganizing the Department of Social Services effective August 28, 2003. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern. The Division has undergone an extensive review of its organizational needs and is reorganizing with a focus on practice excellence that includes: 1) a clearly articulated vision and mission for the Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The mission of the Children's Division has been affirmed as follows:

The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

The recently drafted guiding principles for the Division are:

- **PARTNERSHIP** - Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

- **PRACTICE** – The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.
- **PREVENTION** – Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.
- **PROTECTION** – Children have a right to be safe and live free from abuse and neglect.
- **PERMANENCY** – Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
- **PROFESSIONALISM** – Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division's mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

CIRCUIT SELF-ASSESSMENT

The new Children's Division is dedicated to practice excellence through continuous quality improvement. The CFSR final report underscored the fact that Missouri has sound child welfare policy. However, the report further revealed that a key issue for Missouri's system is achieving consistency in practice and application of policy. Variance was noted across circuits throughout the report.

From the beginning, Division leadership set a course for systemic improvement through self assessment and strategic planning. Leadership immediately began developing a process and protocols for individualized, circuit-based self assessment. The purpose of the self assessment is to provide a baseline for circuits with regard to their capacity, strengths, areas of need and performance. The assessment will serve as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments will also identify needs for technical assistance, resources and support. Case reviews and outcomes monitoring will be continuous and will be conducted in conjunction with local community partners. Ongoing local committees may be established to provide independent community advice, advocacy, and accountability. These partners will help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Potentially, local committee responsibilities would include:

- Support and monitor implementation and utilization of the case review process;
- Assist in the recruitment of case review participants;
- Receive, process, understand and analyze information, including,
 - Children's Division QA reports
 - Children's Division Peer Review Reports
 - Children's Division System Reports

- Other pertinent information;
- Solicit community input regarding quality/satisfaction of the service delivery (possible focus groups, surveys, etc. with providers, consumers, foster parents, and workers);
- Make recommendations to the Children's Division;
- Review response to recommendations;
- Monitor progress in implementation; and,
- Maintain confidentiality

The Circuit Self-Assessment, completed in August 2004 involved each circuit identifying their strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5)CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges.

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams will include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

Tracking Progress

Missouri is currently in the process of developing a web-enabled SACWIS (Statewide Automated Child Welfare Information System). The intent is to design, develop and implement a SACWIS system that truly supports and streamlines the work of Children's Division staff and contracted staff. The system will provide for increased efficiency, monitoring and accountability. SACWIS will be a critical tool to support the progress made through the PIP and the circuit self-assessment and improvement process.

Based on current plans and subject to ACF approval, the first phase of the integrated SACWIS, automating Title IV-E eligibility, should be fully operational statewide by fall 2004, with Hotline Protocols implemented in early 2005. The current plan is to work simultaneously on the next phases, adding Investigation and Assessment, and Case Management I and II as funding and staffing allow based on the ACF approved plan and state resources.

Due to limited resources and the need to meet SACWIS timelines, it will be necessary to weigh the level of effort and cost involved in making changes to a Legacy System in

connection with PIP action steps versus deferring the change to SACWIS development. The Children's Division SACWIS Project Director will be an integral part of the PIP team in order to assure ongoing coordination and integration.

PROFESSIONAL DEVELOPMENT AND PRACTICE ENHANCEMENT

A goal of the Children's Division is to attain practice excellence. Practice excellence is not the end, however, but a means to improving outcomes for children and families in partnership with them. Professional development and continuous improvement are critical factors in achieving this vision. Building on the work of the Staff Development and Training Unit, the vision is to create a Professional Development and Training System that results in practice excellence through professional development planning, training, supervisory support and practice enhancement team support.

Supervisory Training and Support

The Staff Training and Development Unit has carefully examined current training, results from agency quality assurance measures such as peer record reviews and practice development reviews, the Survey of Organizational Excellence, the CQI process, COA standards and site visits, and audit reports. Feedback from regional training sessions and other state training programs was also considered.

Research shows effective supervision is critical in supporting workers in their professional development and particularly in mastery of the complex skill of assessment. Two regions of the state are currently involved in Clinical Supervision Training for front line supervisors using a role demonstration (teaching) model for clinical supervision. The training is funded through a grant with the University of Missouri-Columbia from the Quality Improvement Center at the University of Kentucky. The Clinical Supervision Training goals are: to increase child safety and protection, increase child well-being, increase positive permanency outcomes for children and increase worker stability.

It is anticipated that statewide training based on the positive principles of the clinical supervision pilot project will be implemented following the evaluation of the training. The following outlines the two key areas for improvement as well as supporting areas for improvement with core strategies for each.

- Develop a new supervisory training structure that that will build upon current administrative content and introduce a clinical focus for frontline Social Service Supervisors.
 - Supervisor training will include:
 - Leadership
 - Decision-Making
 - Case Consultation
 - Worker Professional Development
 - Accountability
- Enhance training evaluation using evaluative instruments for classroom training as well as On the Job Training. Following each classroom training

event, participants will provide a written training evaluation. Trainers will also evaluate participants during and after the sessions. On the Job Training evaluation will include feedback between staff and supervisors. This will be used to facilitate discussion between staff, clinical mentors and supervisors to identify areas of skill mastery and areas for skill improvement.

- Develop/utilize an Individualized Professional Development Plan tool for supervisors to be used by the supervisor and manager to identify skill areas acquired and demonstrated as well as skill areas needing improvement.

Worker Training and Support

The Staff Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment. The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and case closure. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed in the training.

The new, advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training with more concentrated time devoted to specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. Based on what is identified as a skills gap by the supervisor or between the supervisor and experienced staff, elective training sessions are available and enable staff to enhance their knowledge, skills, and abilities. Elective training sessions will be determined through the use of classroom and On-the-Job Training evaluations, individualized development plans and skill gaps analysis. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a venue for identifying areas for improved practice and assessing training needs. Although Missouri has not defined a set number of hours of required training for seasoned staff, Missouri Statutes mandates assessment and treatment staff to receive a minimum of twenty (20) hours of related training per year.

COA requires the Children's Division to promote competence in personnel by providing regular supervision and training on topics relevant to service delivery. Requirements include the opportunity to attend one or more job-related training events per year. The training session will be a mixture of knowledge-based and skill-based instruction and skill building exercises. The Children's Division partners with the department's Human Resource Center to coordinate elective training sessions for staff with less than one year's experience to meet the sixteen (16) hour training requirement post pre-service training. These training sessions are also available to seasoned staff. In addition, the Staff Training and Development Unit is scheduled to develop and implement required, advanced in-service training for frontline staff to move the agency toward practice

excellence. The strategies include staff acquiring and demonstrating skills in the following core areas:

- 1) Investigation and Family Assessment
 - Specific types of CA/N
 - Interviewing
 - Decision Making
 - Risk/Safety Assessment
 - Case Documentation
- 2) Family Centered Services
 - Case Planning
 - Family Support Team meetings
 - Family Specific Treatment Planning
 - Safety planning
 - Risk assessment/re-assessment
 - Underlying issues/family functioning
 - Case Documentation
- 3) Family Centered Out of Home Care
 - Concurrent Planning/Case Planning
 - Case Documentation
 - Family Support Team Meetings
 - Cultural Diversity
 - Safety assessment in Biological home and Foster Home
 - Risk assessment/re-assessment
 - Planning for closure with family and planning for re-occurrence

Family Assessment, Case Planning and Intentional Intervention

Family Assessment

A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. Of concern were incomplete assessments for parents and children. Specifically, assessment improvement is needed for non-custodial parents. Many stakeholders reported the Children's Division was effective in assessing needs and identifying services, but that services were difficult to access.

There are many initiatives in place and pilot projects to address this issue in Missouri. However, caseload sizes, supervisory to staff ratios and funding for services impact this assessment and service delivery. A key emphasis of Missouri's PIP is improving assessment tools, skills and practice. This includes greater attention to assuring complete assessments are performed, services are well matched to families' needs and innovative strategies are employed to increase access to services.

Case Planning

Family Centered Service Out-of-Home Care policy and practice utilizes a multi-disciplinary team approach to incorporate input and support from a variety of community members: guardian ad litem, juvenile officers, CASA, teachers, counselors, extended family members and other individuals that are identified by the family. Current participation by family members and community participants is less than optimal. Meetings may be scheduled based on professionals' availability rather than family participation. Communication gaps have been noted among service providers, the family and community participants involved in service planning. Individuals serving families may have different ideas about their role and different philosophies about a family's needs. As a result, the quality of the assessment and case plan is jeopardized as crucial pieces of information may be missed or unavailable. Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring all those at the table truly have a voice in the planning. Educating families about their roles and responsibilities will serve to empower families and encourage their participation in the case assessment and planning process.

Additional underlying issues regarding case planning:

- A philosophical permeation that engenders strengths-based, family-centered, family-empowering behavior;
- Improved involvement of the child;
- Greater involvement of informal supporters;
- Adequate Supervisory Supports - this includes coaching and nurturing best practice.

SERVICE ACCESS AND INTENTIONALITY

In exploring underlying factors that have a substantial impact on permanency for children, the ability of frontline workers and supervisors to efficiently and effectively move clients through the change process is an important issue. When working with natural parents, frontline workers and supervisors are confronted daily by a wide range of challenges including, but not limited to, drug abuse, mental illness, homelessness, poverty and domestic violence. Each of these issues becomes an even greater challenge when commingled with the complexities of personality types, family histories, cultural variations, abuse dynamics, grief, denial and resistance to change. Maneuvering through these barriers, accurately assessing needs and matching those needs with effective services becomes imperative to the reunification of children with their natural families.

The unfortunate reality in current practice is that many of the interventions used with clients are reactive, usually following a crisis or severe regression of case progress. Often, workers are not adequately supported to acquire the skills and information, or they do not have the time to proactively help clients through the change needed for children to return home. Current supports and tools for workers and supervisors may not provide effective ways for workers to intentionally avoid potential setbacks. The

effectiveness of efforts to engage clients in change varies significantly and can result in families lingering in the child welfare system too long, and workers being drained of energy needed to continue work in the child welfare field. Developing a system that enables workers and supervisors to access proven interventions specifically related to the uniqueness of each family will result in improved outcomes for children and families.

Equipping workers with adequate knowledge to be intentional with interventions requires two components. Firstly, workers need training that facilitates their ability to expertly assess need and to identify and seek intentional interventions. Secondly, workers need access to information regarding the best, available services. The implications found in intentionality extend into many aspects of frontline work and can have substantial influence on the timeliness of reunification and the stability of children in their foster and natural families.

ACCOUNTABILITY

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects that include open courts. A newly established Office of the Child Advocate is addressing the need for a venue for consumer and constituent issues of concern. Cross training is planned between the courts and the Children's Division.

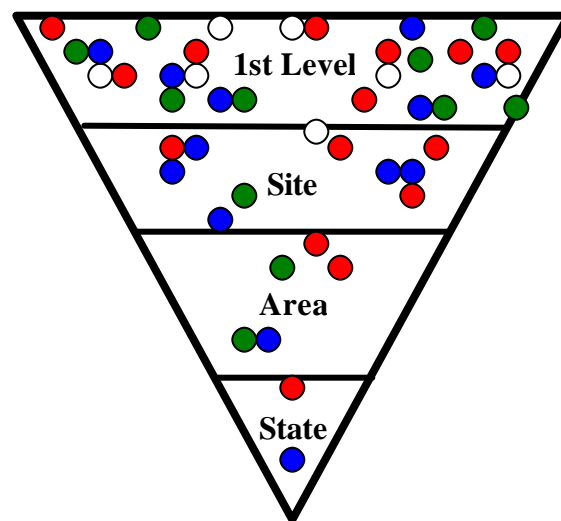
Other accountability measures include the use of structured decision making, peer record reviews, practice development reviews, circuit self assessment and outcomes report monitoring. The Children's Division is building a culture of partnership, accountability and continuous improvement and working to attain practice excellence so that safety, permanency and well being can be assured for Missouri's children. The Division will work together with families, communities, federal and state partners to implement the Program Improvement Plan to that end.

QUALITY ASSURANCE

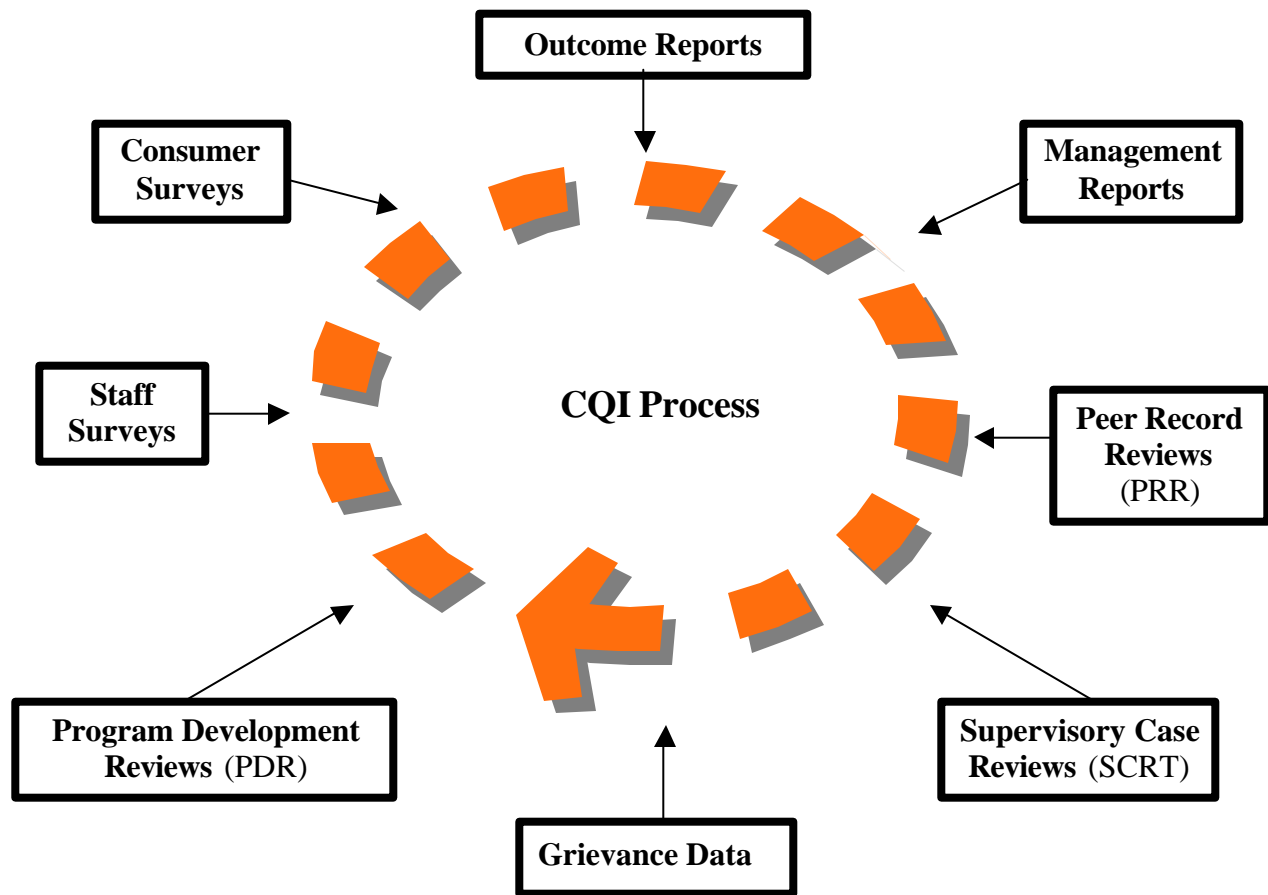
In Missouri, quality assurance exists at every level through the Continuous Quality Improvement (CQI) structure. CQI uses case related data in an aggregated, non-identifying way to provide feedback and accountability to staff in a timely manner. CQI is a process by which **all staff** are involved in the evaluation of the effectiveness of services provided by the division and every staff person is a member of a local level

CQI team which meets quarterly. CQI teams are expected to examine agency services and outcomes and in turn create and implement plans to improve services.

There are four levels of CQI teams: the first or local level, site level, area or regional level and the state level. The multi-level process allows for solutions to be generated in implemented by all levels of staff within the agency. Each CQI team sends a representative to the next level meeting. This way, problems which cannot be resolved by the local CQI teams are advanced to succeeding CQI team levels for resolution. Approximately 90% of issues discussed in CQI meetings are resolved at the first level. The following graphic represents how issues (dots) are resolved through the four levels of CQI.



Several avenues exist and are being developed for quality assurance through peer reviews, supervisory reviews, consumer and staff surveys, and grievance and outcome data, which feed into the overall CQI System. See the following flow chart.



Outcome Reports

Reports on child welfare outcome measures monitor agency performance and guide future initiatives. The outcomes are the results the agency desires to achieve and reflect a condition of well-being for children, adults, families, and communities. The outcome measures cross all program lines and are quantifiable information which indicates the degree to which desired outcomes are being achieved and provide a mechanism for evaluation of performance. There are 20 critical outcome measures, each fitting into one of the domains of safety, or permanency. They are as follow:

Safety

- | | |
|--------------------|---|
| <i>Measure #1.</i> | <i>Improve Timeliness of Initial Child Contact</i> |
| <i>Measure #2.</i> | <i>Improve Timeliness of Completion of Reports</i> |
| <i>Measure #3.</i> | <i>Reduce Reoccurrence of Abuse</i> |
| <i>Measure #4.</i> | <i>Reduce Incidence of Child Abuse in Foster Care</i> |
| <i>Measure #5.</i> | <i>Reduce Reoccurrence of Child Abuse/Neglect (after reunification)</i> |
| <i>Measure #6.</i> | <i>Enhance Service Delivery to Prevent Child Abuse/Neglect in Intact Families</i> |
| <i>Measure #7.</i> | <i>Enhance Service Delivery to Prevent Child Abuse/Neglect (IIS)</i> |

Permanency

<i>Measure #8.</i>	<i>Reduce Time in Foster Care</i>
<i>Measure #8a.</i>	<i>Children Active in DFS Custody by Race</i>
<i>Measure #8b.</i>	<i>Children Active in DFS Custody by Age</i>
<i>Measure #9.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason)</i>
<i>Measure #9a.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and race)</i>
<i>Measure #9b.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exitreason and age)</i>
<i>Measure #9c.</i>	<i>Increase Permanency for Children in Foster Care (children exiting by exit reason and length of time to exit)</i>
<i>Measure #10.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, total)</i>
<i>Measure #10a.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by race)</i>
<i>Measure #10b.</i>	<i>Reduce Time in Foster Care (Entry to Reunification, by age)</i>
<i>Measure #11.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, total)</i>
<i>Measure #11a.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by race)</i>
<i>Measure #11b.</i>	<i>Reduce Time in Foster Care (Entry to Adoption, by age)</i>
<i>Measure #12.</i>	<i>Increase the Number of Family Support Team Meetings (timely completion of FSTM)</i>
<i>Measure #13.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care</i>
<i>Measure 13a.</i>	<i>Reduce the Number of Placements Children Experience in Foster Care(Children in Care Less than 12 Months)</i>
<i>Measure #14.</i>	<i>Reduce Re-entry into Foster Care</i>
<i>Measure #15.</i>	<i>Reduce Adoption Disruptions</i>
<i>Measure #16.</i>	<i>Increase the Number of Family Resource Providers</i>
<i>Measure #17.</i>	<i>Increase the Number of Children Placed with Relatives/kinship Providers</i>
<i>Measure #18.</i>	<i>Increase the Number of Children Residing in Their Communities</i>
<i>Measure #19.</i>	<i>Reduce the # of Children Residing in Residential Treatment Facilities</i>
<i>Measure #20.</i>	<i>Reduce the Number of Families with FCS Cases Open Over 12 Months</i>

As most of the outcome data is reported out quarterly, six of the outcomes will be used as proxy measures for the six National Standards so progress in the PIP can be tracked on a quarterly basis. Believed to be reflective of good practice and the goals already established by the agency, the outcomes are reported out by each circuit, region, and at a state level and are available to all staff on the intranet.

Monthly Management Reports

The Children's Division Management Report is a monthly publication detailing information concerning the children's services provided by the Children's Division. Information made available through this publication includes the areas of Child Abuse and Neglect, Family-centered Services, Out-of-Home Placement, and Intensive In-home

Services. Month-end information is available through ad-hoc research requests beginning with the first working day of the following month. The on-line edition is posted approximately two weeks later. Information contained in each publication is intended for that month's use only.

Peer Review Processes

In Missouri there are two types of peer reviews conducted for quality assurance purposes; the Peer Record Review (PRR) and Practice Development Review (PDR).

Peer Record Reviews

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the Children's Division Worker gaining a new perspective, an added advantage of the process is the knowledge and skill enhancement of the reviewer.

Completed on a quarterly basis, 10% of in-home and foster care cases statewide are randomly selected for review each year. Small circuits review considerably more the 10% of a year's time. The review includes a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that are currently open or have been closed within three months immediately preceding the quarter in which the review is being conducted. Ten percent of adoption and Intensive In-Home Service cases are reviewed every six months on a statewide basis.

All staff has the opportunity to participate in the PRR process, yet it is intended that front-line staff complete the majority of the reviews. To prevent a conflict of interest and maintain objectivity, reviewers do not review any case in which they are or have ever been involved. Additionally, supervisors do not review any case in which their staff has worked with directly. Reviewers are provided the case record to obtain the information for the review. The reviewers use the Peer Record Review Protocol for each record reviewed. Once completed, the information is entered into the statewide database.

Once the information is entered into the database it is generated into reports reflecting results for each site, region and state as a whole. The information is provided back to the individual sites for further analysis and is posted on the intranet for easy access by all Children's Division's employees. The Division extracts the information and develops a plan for improving on-going service delivery in areas found needing improvement as well as develops processes to build upon the strengths found from the review. Several questions from the PRR will be used in quarterly monitoring of the PIP.

Practice Development Reviews

The Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivan Groves and Ray Foster and based on Service Testing™ methods. The PDR uses a performance appraisal process to conclude how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas of needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

Teams comprised of two individuals conduct the review at the designated site. Each team member completes a training session prior to the review. The review is comprised of a random sample of children who are from intact families as well as children in out of home care. The number of children reviewed varies from 12 to 24 families, depending on the size of the review site.

The review spans approximately five days and the review teams review two families each. The review team begins by familiarizing themselves with the “core story” by reviewing the family case record. Additional information about the case is obtained through conducting interviews with key informants such as the child, their foster parent, the biological parent, juvenile officer and other service providers. The PDR Protocol “Blue Book” is used to rate the status of the child and overall service system performance.

During the week, each review team has an opportunity to debrief with the other review teams. This provides an opportunity to process the information and receive feedback from the other reviewers regarding their findings. The debriefing serves as a time for reflection on the cases being reviewed and a time to develop a composite of the strengths and areas of needed improvement in the site being reviewed.

Concurrent to the case review is a process for interviewing community stakeholders. Information is gained from stakeholders, providing a general sense of how they perceive the status of children and families and the service system in the community. The interviewers use the designated protocol which mirrors the key status indicators utilized in the child and family interviews. Information gathered from these interviews is shared with the review teams, aggregated and contained in the final PDR site report.

The final phase of the review process is to share the findings with local Children’s Division staff and community stakeholders. Each review team has an opportunity to meet with the Children’s Division Worker and Supervisor assigned to the child’s case to discuss the findings and provide feedback. Upon the conclusion

of these meetings, the Central Office PDR Coordinator presents the aggregate findings and trends to the Children's Division Staff and community stakeholders in a wrap-up community presentation. This presentation includes an opportunity for community members to ask questions and provide feedback. All of the PDR results are posted on the intranet and all Children's Division's employees have access to the information.

The number of PDRs completed each year varies and is dependent upon available fiscal resources as well as sites identified in need of evaluation. In 2004, local PDRs are being conducted in Jefferson, St. Charles, and St. Louis Counties as well as St. Louis City.

Information gained through these two types of peer reviews is used to continually measure and enhance the quality of services provided to families and children being served by the division. Both processes are designed to be supportive of staff for continuous quality improvement. The reviews are designed to provide direct feedback to front-line staff, supervisors, and administration to assist them in improving child welfare services.

Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Although division policy requires that supervisors review cases at certain intervals, the review tool utilized varies across the state. Additionally, this data and information is not captured in a manner which can be aggregated and used for analysis. Therefore, a standardized supervisory case review tool (SCRT) will be developed and tested for use by supervisors during their case reviews. The tool is based on that used during the CFSR and examines outcomes for children and families. Information from the SCRT will be entered into a database so data can be aggregated by circuit and reported out. Many of the questions on the SCRT are qualitative in nature and therefore will be used to monitor various elements in the PIP that the division has otherwise been unable to track.

Consumer Surveys

In order to improve the quality of services, it is important to receive feedback from the children and families served by the Division. Input from consumers is obtained through surveys which are system generated and mailed from the Department of Social Services' Research and Evaluation Unit. A self-addressed stamped envelope accompanies the survey to facilitate a higher response rate and assure confidentiality.

Information from returned surveys is entered into a database, aggregated, and sent in report form to the county and regional offices for review through the Continuous Quality Improvement (CQI) process.

There are five surveys distributed targeting different types of consumers including: youth in out-of home care, adults being served through the Family-Centered Services or Family-Centered Out-of-Home Care, adults served through Intensive In-Home Services; adults who have recently been involved in an investigation or assessment, and foster/relative care providers. Each survey addresses broad issues such as participation in the service delivery process, how they were treated, if their needs were met, and the availability of staff. In addition, each survey contains a few items that address the specific needs of each targeted respondent.

Each month the following surveys are sent:

- A random sample of 10% of families who recently completed a CA/N hotline
- A random sample of 10% of families who recently completed the IIS program
- A random sample of 10% of families who are active FCS cases
- A random sample of 100 active youth in agency custody age 12+
- A random sample of 50 active Foster/Relative Families

Measures are taken to survey youth in agency custody and Foster/Relative families no more than one time per year. Data from the surveys is compiled and posted on the agency intranet for use by all staff during their CQI meetings.

Staff Survey: The Survey of Organizational Excellence (SOE)

Assessment of employee satisfaction is a way to gather vital information from our organization's most valuable resource, our employees. The SOE allows detailed and comprehensive organizational information to be obtained from all division staff for use in the development of strategies to improve on identified areas of need. The SOE is an online survey that is designed to link scores on the survey to issues impacting the organization. Survey questions are drawn from empirical and theoretical literature on organizations and specifically examine five key dimensions of life within the organization: work team, work setting, general organizational features, communication patterns, and personal demands.

Each May, during a designated two to three week period of time, staff are electronically emailed the survey and encouraged to complete it during work hours and from a work terminal. The survey can be completed on any computer connected to the internet and takes approximately 20 minutes to complete. Response rates for the survey have risen from 18% in 2002 to 60% in 2004. The survey is administered on a yearly basis and all survey results are posted on the intranet for use by division staff during CQI meetings.

Grievance Data

There are two avenues by which the Children's Division gathers grievance data; through the Service Delivery Grievance Process and through the Constituent Unit.

The Service Delivery Grievance Process

In order to maintain a continuous quality improvement culture within the organization, it is important to ensure that all youth and families served are informed of their rights and have a formal process to voice their concerns. The Service Delivery Grievance Process is a structured process by which consumer service delivery issues can be addressed at the most local level possible, allowing families the opportunity to express concerns regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Any adult family member, youth 12 years of age or older, or any child younger than 12 years of age with the assistance of a parent, guardian, out-of-home care provider, or Guardian Ad litem, who is currently receiving services or has had services terminated within the past 30 days may file a grievance.

The need to track outcomes and the means by which they were achieved is an important part of the quality improvement process. The information received from *Level One* through *Level Three* of the grievance process is entered into the statewide Service Delivery Grievance Database. Although specific grievances cannot be viewed by all staff, aggregate information for the state and each county is available for use to staff for use during CQI meetings. Each CQI team is expected to review the data and look for trends related to the quality of services being delivered, program issues, communication, etc. that led to the grievances.

Central Office Constituent Response Unit

In Central Office, the constituent unit responds to communication from consumers in the form of letters, calls, and email. This unit streamlined constituent concerns by maintaining a tracking log and providing consistency in addressing child welfare issues. The diversity of knowledge of the unit members includes a working knowledge of resources to familiarity with policies and best practices of social work. The division uses the constituent tracking log for evaluating the Children Protection System and identifies potential improvements areas.

Management Reviews

Each month, the second level supervisor reviews ten percent (10%) of the county's cases (or five [5] cases, whichever is the greater amount) which meet the following criteria: 1) The case has been open eight (8) months or longer; 2) The case has no court involvement; and 3) The case has been randomly selected from the county's total non-court involved.

Case reviews by second level supervisors and area staff are intended to evaluate the effectiveness of the social service worker's Family-Centered approach and looking at first level supervision which holds the responsibility for ensuring such services are appropriately time-limited. Recommendations are considered for whether a case should be closed or remain open.

Each month, the Area Director or designee reviews 50% of the county's cases (or one [1] case, whichever is the greater amount) which meet the following criteria: 1) The case has been open 12 months or longer; 2) It has no court involvement; and 3) It has been randomly selected from the county's total non-court involved treatment services caseload.

The Area Director or designee also reviews all of the county's cases that meet the following criteria: 1) The case has been open 16 months or longer; and 2) It has no court involvement. Each case in this category is reviewed again at four-month intervals (i.e., a case that has been opened for 16 months will again be reviewed at 20 months and again at 24 months, and so on).

Jackson County Quality Assurance System

In addition to the above quality assurance activities, the following descriptors are quality assurance efforts that have been established as a result of the Jackson County Consent Decree, *G.L. v. Stangler*. As part of the Consent Decree, an external Monitoring Committee also reviews the outcomes from all efforts in Jackson County and identifies action steps needed for improvement. The Monitoring Committee reports to the Federal Court the progress of the Jackson County Children's Division in meeting the requirements outline in the Exit Plan of the Consent Decree.

Semi-Annual Report of Compliance: Various case reviews are completed to provide the information for this report. The reviews are as follows:

- Omnibus Reviews-This review measures the compliance with the exit requirements contained in the Modified Consent Decree. These requirements include information provided to the child and alternative care provider at the time of placement, completion of pre-placement visits, parent/child and child/sibling visits, visits between the Children's Service Worker and child at the foster home, obtaining medical information for children, timeliness of case planning conferences, and attendance at case planning conferences. A random sample of approximately 141 records is reviewed for each semi-annual review.
- Adoption Review: Approximately 115 cases are reviewed for each semi-annual review to gather information to determine compliance with the adoption requirements. This review looks at the timeliness of the goal change and adoption planning process, timely review of adoption case plans, and timeliness of completing adoption recruitment activities to find an adoptive home.
- Licensing Review: The universe for this semi-annual review includes all newly licensed foster homes, as well as those needing re-licensure during the specified review period. The review monitors the timeliness of the licensure activity, including determining if the foster home meets state regulations for safety, all training requirements have been met, and that a Child Abuse/Neglect (CA/N) and criminal background check have been completed on the perspective foster parent(s) prior to initial or re-licensure.
- Maltreatment of children in foster homes-This review looks at all aspects of the investigations, why the child is in the care, was the child a victim of abuse/neglect or inappropriate discipline. This review monitors the compliance of timeliness of

reporting the incident, timeliness of completing the report, if a staffing is held to determine any corrective action or revocation for the foster home, and the timeliness of the Program Administrator signing the completed investigation. The review also monitors the children who had been placed in homes on suspension for substantiated hotlines of abuse/neglect or inappropriate discipline.

- Monthly PDR for Medical/Dental, Planning and Service Provision: A random sample of 85 cases is selected during each semi-annual reporting. Using the PDR model, the reviewer completes a case record review as well as conducts in-person interviews with the service team members. The reviewer gathers information to determine the timeliness of dental examinations and required follow up services, timeliness of medical examinations and required follow up services, timeliness of case planning conferences and timeliness of the provision of identified services.

Semi-Annual Community PDR: This review is conducted in March and September of each year. A random sample of ten (10) to twelve (12) cases of children in the legal custody of the Children's Division is reviewed each period. The PDR method of service testing is used for this review. Information from this review is shared with Children's Division staff and community stakeholders, as well as with the Community Quality Assurance Committee (CQAC). The CQAC is comprised of professionals from child welfare and related disciplines in Jackson County. Professional members include a pediatric physician from a local children's hospital, an instructor of Social Work from an area university, a representative from Family Court, a Teaching Foster Parent, and representatives from area organizations such as Department of Mental Health, Domestic Violence Network, Cornerstones of Care Residential Care Agencies, and others. The members encompass a broad spectrum of professionals who create a multi-disciplinary perspective in carrying out the Committee functions.

The purpose of the CQAC is to ensure that program policy and practice improvements gained through the *G.L. v. Stangler* Modified Consent Decree are continued and expanded once Court jurisdiction is terminated. The members of the CQAC have been trained on the PDR process and are required to participate with the "story telling" time at the conclusion of each review. Participation in this part of the process provides a better understanding of the circumstances of the cases reviewed. The findings of the review are included in a written report which contains observations, comments and suggestions or recommendations for improvement for the Division and service community as a whole. The CQAC publishes this report semi-annually to local community stakeholders. The committee member's review the recommendations periodically to oversee completion and formulate action plans to overcome barriers when necessary.

PROGRAM IMPROVEMENT PLAN MONITORING AND REPORTING

The PIP will be monitored by a Management Analyst Specialist II (MAS II) whom serves within the Program and Performance Management Section. This person will be responsible for monitoring quarterly data related to the PIP and reporting this information out to the Quality Assurance Unit. The Quality Assurance Specialists will work with their regional Practice Enhancement Teams to provide technical assistance and training and direction to the circuits for the quality assurance component.

Additionally, the Quality Improvement and field support staff will be available to augment efforts put forth by field staff. Quality Assurance Specialists in each region will be responsible for providing feedback to the MAS II who will report to the deputy director of the Planning and Performance Management Section. The deputy director will report directly to the division director. Quarterly outcome data will be the cornerstone for the performance and feedback process. A list-serve is being developed for each circuit to go in and examine their data on an ongoing basis.

Per discussions with Regional and Children's Bureau staff, quarterly PIP reports will be provided for the first year. This will enable Missouri and the Regional Children's Bureau staff to track progress and identify areas of concern on a regular basis. It will also provide stakeholders the opportunity to follow progress on a regular basis. At the end of the first year of PIP reporting, subsequent discussions will take place to determine whether semi-annual reports will suffice.

ITEM NARRATIVES

Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

A key concern noted in the CFSR was inconsistency of reporting the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes.

Missouri's policy regarding Item 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system and RSMo.210.145 establishes time frames for initial responses.

(S1.1.1) The initial contact information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified, as well as, enhanced CA/N 1 form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition and the actions required. In addition, the CA/N automated system requires staff to enter "*initial contact date and time*". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team had initial contact with a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe and why it is considered a delayed contact by the worker when face-to-face contact was made by a multidisciplinary team member.

(S1.1.2) Through this clarification process, the entry fields may remain the same with a change for initial contact definition or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes may need to be developed in order to more accurately capture data. To increase the accuracy of the data collected in the Legacy system regarding initial contact of the victim when investigating a child abuse and neglect report, the Peer Record Review process will be utilized. The Peer Record Review will be revised to reflect the changes and clarification of initial contact. Aggregate data from the Peer Record Review will be available on a quarterly basis which will provide Circuit Managers and QA specialist with evidence on which to base recommendations for practice improvements.

(S1.1.3) During the CFSR, there were concerns regarding Missouri's protocol for responding to non-CA/N referrals or alpha referrals. The alpha referrals, primarily "M" (mandated reporter) referrals and "P" (preventive services) referrals are assigned based

on the information received by the Child Abuse and Neglect Hotline Unit (CA/N HU). Frequently, non-CA/N referrals address family needs such as housing, or medical assistance. In spring 2004, a combined effort began between the Family Support Division (FSD) and the Children's Division (CD) for the purpose of reducing the number of CA/N referrals allowing the Children's Division staff to concentrate their efforts on cases which are more serious in nature. A test site (Jackson, Clay and Platte counties) was chosen and a strategic plan was developed and presented to both Division Directors for consideration. In May 2004, protocols were written for screening and assigning non-CA/N referrals to FSD Self Sufficiency Case managers. The Self Sufficiency Case Managers were already trained on strengths based case management; domestic violence; behavioral inventory assessment to identify substance abuse and addictive behaviors, mental illness, and domestic violence; Family Support Programs and policies (eligibility); Family Support Team Meetings; and community resources and partner agency collaboration. The Directors felt these Self Sufficiency Case Managers possessed the necessary skills to respond to non-CA/N reports. The Self Sufficiency Case Managers also shadowed the Children's Division investigators and assessment workers to gain further experience. Additional training was provided to both Children's Division and Family Support Division staff regarding the testing site protocols for non CA/N referrals which officially began July, 2004. QA measures are in place to make sure assessments are being conducted appropriately and the safety of children is assured. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers.

(S1.1.4) In order for staff to respond to reports of maltreatment in a timely manner, circuit level assessments to evaluate CA/N response were completed. In addition, management reports which provides worker level information were sent to each circuit to analyze timeliness of initial contact, timeliness of conclusion and pattern of conclusions. This report will also provide a basis for comparison at the circuit and state level. Based on their circuit assessment and management report, local protocols for improvement will be established and implemented. In addition it will provide information for circuits with timely completion rates. This improved timeliness of initial child contact will be monitored on an on-going basis. As needed, resources will be targeted to circuits with identified needs.

(S1.1.5) The new call management and Structured Decision-Making (SDM) protocols implemented at the Child Abuse and Neglect Hotline Unit (CA/NHU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous calls, not rising to the level of abuse or neglect and not requiring a formal investigation. Using these protocols will assist in consistency of the initial classification of reports received. The protocols have been completed and remaining CANHU staff trained. A quality assurance peer record review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated. The Supervisory Review Tool for the CANHU will be a stand alone tool; however, data from the tool will be collected in the same data base as the universal Supervisory Case Review Tool (SCRT).

Item 2: Repeat Maltreatment

(S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at “high risk” for future harm to the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker’s ability to objectively understand the problems and needs of the family. The tool helps identify “high risk” families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. A workgroup will be convened to finalize the SDM review tool. Once finalized, instructions will be sent to the field on how to use the tool and instructing them to review ten percent of the cases. As needed, ongoing training will be provided to circuits identified with such needs

(S1.2.2 AND S1.2.3) To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. The curriculum training will be expanded to all investigative, out-of-home care, and licensing staff and supervisors in Pettis, Cooper, and Greene counties. In St. Louis, one complete out-of-home supervisory unit will be trained. By January 30, 2005, all investigative staff in St. Louis will be trained on the CSE work process. During this expansion period, ACTION will be utilized to assist the division in building capacity to train the curriculum in-house. ACTION will also be utilized to evaluate CSE implementation. Based on the evaluation, the CSE curriculum will be

modified to meet Missouri's specific needs and an expansion plan will be developed as indicated. Division policy regarding assessment of safety at and throughout the life of a placement will be developed based on the Confirming Safe Environments curriculum and evaluation of safety assessment best practices in other states.

(S1.2.4) The Practice Evaluation Teams (PET) will be used to assist the Circuit Managers in developing strategies to reduce repeat maltreatment and CA/N in foster care. Once PET member roles and responsibilities are developed and defined, the teams will be formed and convened to review the Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care. Improvement strategies will be developed and implemented by the Circuit Managers (with the assistance of the PETs).

(S1.2.5) Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis has been done on families that have multiple reports of maltreatment. Subsequently, the division applied for a Title IV -E waiver for a chronic neglect pilot. Missouri recognizes there are a small number of families who have a large number of repeat maltreatment events that ultimately result in an accumulation of harm to the child leading to out-of-home placements and costly services to rectify the abuse or neglect conditions. The Institute of Applied Research (IAR) conducted a follow up evaluation of Missouri's dual track system and discovered that a relatively small segment of the families served (9.3 %) account for a large amount of expenditures (41.9%) due to the chronic pattern of ongoing abuse and neglect. A funding request will be made to the Children Justice Act if Missouri is unsuccessful in attempts to secure the Title IV-E Waiver. Three pilot sites have been selected including Jasper, Jefferson, and Randolph counties. Jefferson County was chosen as a representation of a metro site due to St. Louis being over saturated with pilot programs. Missouri has a strong interest in testing new approaches in early identification of chronic neglect, having the potential to provide valuable knowledge on improving services to children and families.

(S1.2.6) Development of performance based contracts for foster parents will also assist in decreasing repeat maltreatment. HB 1453 established that foster parents will meet performance based criteria prior to licensing. A Professional Family Development Plan (PFDP) will be incorporated into the foster parents licensing rules. The performance based criteria required for the PFDP will be established and CD staff will be informed of the new requirements for foster parents. CD staff will be trained on how to assist the family in developing and implementing a PFDP. The resources necessary for foster families to successfully implement PFDP will be identified. Due to the requirements of HB 1453, the Professional Development and Training Unit is very busy developing and providing trainings, however, the new PFDP will be initiated for all new and reassessed foster parents and the PFDP will be reviewed at each reassessment for licensure.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in home and prevent removal

The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding of services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the state, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. Examples of this are treatment plans and court orders requiring broad services like parenting classes instead of targeting specific outcomes such as new skill acquisition and how demonstration of that skill will prevent future harm.

(S2.3.1) As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

(S2.3.2) Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers were conducted in four circuits across the state to identify clinical support needs. Information from focus groups, PRR, and consumer surveys has been analyzed and incorporated into a training curriculum for workers and front line supervisors. The Family Assessment and Service Planning training for workers and Supplemental Supervisory training will be utilized in the field to assist staff in engaging families and in case plan development. Twenty sessions of Supplemental Supervisory training will be available across the state to train all front line supervisors. Twenty sessions of Family Assessment and Service Planning training will be available to train

selected staff as trainers, who will in turn provide the training to other staff in their county or circuit. The curriculum will include topics such as service planning, basic writing skills and concurrent planning.

(S2.3.3) Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division continues to review and refine the standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees. Existing supervisory case review tools were reviewed and evaluated to create a draft of the supervisory case review tool (SCRT). The division will continue to field test the SCRT and will provide feedback to a review team. Based on this feedback, the tool will be revised and protocols for use of the SCRT will be established. To ensure integrity of the data collected, the SCRT will be automated. Once the SCRT is distributed and used statewide, baseline measures for the tool will be established.

(S2.3.4) In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff have used CTS funds sparingly, or not at all, accessing Medicaid services when available. Some concerns are that families are not receiving needed services due to failure to access CTS funds or there are long waiting lists for Medicaid services (such as counseling and dental services). This directly impacts the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(S2.3.5) In Aug 2004, SB 1003 was enacted establishing a plan for a comprehensive children's mental health system. This "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. One goal of this initiative is to divert children from state custody who need mental health services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems.

The "System of Care" is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. Through judicial review of Family Support Team meetings, the division will determine which cases involve children in the system due exclusively to a need for mental health services, and identify the cases where no instance of abuse, neglect or abandonment exists. Individualized service plans are developed to identify which agencies will supply the appropriate services to the child. These plans are submitted to the court for approval and the child's family may actively participate in the plan. Children in need of only mental health services may be returned to the family's custody. Services must be provided in the least restrictive environment.

The Voluntary Placement Agreement (VPA) is a written agreement between the Children's Division and a parent, legal guardian or custodian of a child under age 18 in need of out of home placement. This provision allows the state to provide foster care services without a judicial determination. This will allow a parent or legal guardian to enter into a written agreement for the placement of a child seventeen years or younger needing mental health services into foster care or residential group care.

Continued cooperation and collaboration between the Children's Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to tailor their Quality Service Review evaluation process, to the Missouri System of Care for children who have been identified as needing mental health services. This tool mirrors Missouri's current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system's functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

Item 4: Risk of Harm to Child

(S2.4.1 refer to S1.2.1) SDM is a case assessment and management model designed to bring structure and consistency to the critical decision making process. The Children's Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs.

(S2.4.2 refer to S1.2.2) ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings.

(S2.4.3) Policy for enhanced background screening took effect after House Bill 1453, the Dominic James Memorial Foster Care Reform Act of 2004 was signed into law. Existing staff was made aware of the legislative changes through a memorandum from the division director and regional and local supervisory meetings with staff. Information was disseminated to new resource families and staff through STARS and Basic (Pre-service) training. Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources have been expanded to include court ordered providers. These enhancements will include registration with the Family Care

Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

(S2.4.4) The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit (RPU) to help develop the Culture of Care curriculum in working with licensed residential child care agencies to identify effective training, techniques and programs currently utilized to provide quality services to youth. RPU requested a particular emphasis to be placed on creating a safe, nurturing environment in residential facilities. Roundtable discussions were held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies. Two train-the-trainer sessions were held in Kansas City and St. Louis for residential licensed providers. The curriculum's premises include children and youth in residential care:

1. must receive services that do more than focus on problems or deficits;
2. and their families must be engaged and actively involved in all aspects of the services they receive;
3. must have opportunities to establish caring relationships in their lives;
4. must be served in programs that take into account environmental influences on growth and progress;
5. must be served in programs that collaborate and form partnerships with a number of resources.

These premises support a competency based approach and focuses on strengths of young people rather than the problems they exhibit. By supporting strengths, we can provide a safe and nurturing environment which translates to more effective care for young people and a reduction in the preponderance of evidence reports received by the residential child care agencies.

(S2.4.5 refer to S2.3.1) Risk of harm is reduced when quality assessments are done. To achieve this goal, technical assistance from The National Child Welfare Resource Center for Family-Centered Practice was sought. The resource center conducted a gap analysis of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing in the second circuit. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-Entries

This item was found to be substantially achieved.

Item 6: Stability of Foster Care Placement

(P1.6.1) Missouri's legacy system does not support the ability to track all kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating system logic that will enable the system to track the various kinship placement types and identify kin as related and non-related as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff.

(P1.6.2) Early identification of kinship providers is an important step in ensuring stability of foster care placements. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at Family Support Team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Courts Administrator to establish a protocol to utilizing already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.

(P.1.6.3) Family Support Team meetings provide an excellent medium to staff cases and address issues with a multidisciplinary team of individuals. In July 2004, HB 1453 was enacted. One component of this legislation requires the CD to conduct a Family Support Team meeting prior to or immediately after an impending move. This allows the family to benefit from services from community agencies in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning takes place and efforts are made to identify relatives in case removal does ultimately become necessary. This meeting assists in identifying the needs of the child and the family, thus preventing further moves and increasing the stability of the child so that their number of placements will be minimal. The ACTS system is being enhanced to better track Family Support Team meetings. Further quality assurance monitoring of Family Support Teams will occur by updating the peer record review and supervisory case review tools.

(P.1.6.4) Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource providers is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less successful.

Identifying the number and type of resource families in each circuit is the first step in increasing the number of resource families available. Contracts exist for this purpose, however, there is a renewed focus on their efficiency and performance-based use. The Children's Division accessed technical assistance and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area. Once the contracts are awarded, the resource and recruitment contractors will review the circuit self-assessments to determine resource family needs and develop a recruitment plan for each circuit.

(P.1.6.5) Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service foster parent training classes.

In June, 2004, The Collaboration to AdoptUSKids launched a national media campaign, which will be three years in length. The focus of this campaign is recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on recruitment of resource families for older youth.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively. Contracts will be revised to recruit families that reflect racial and ethnic populations, homes for sibling groups, older children, and children with various emotional, behavioral, educational, and medical needs.

The Children's Division recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the division desires to reach all potential families regardless of their cultural and socioeconomic status. Recruitment efforts are carried out in all areas of the state to meet the needs of all of Missouri's Children that are waiting to be adopted.

(P1.6.6) Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some "critical factors" in matching which may impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together,

etc. To strengthen the matching process the Children's Division will access technical assistance from the National Resource Center for Family Centered Practice and Permanency Planning to identify the "critical" factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. Once these factors are identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

(P1.6.7) Placement stability is also dependent upon quality training being provided to placement providers. The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine effectiveness. Once the evaluation is complete, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum.

Item 7: Permanency goal for child

(P1.7.1) Per division policy, Family Support Team meetings are to occur within certain time frames. In addition to being required before or immediately after an impending move, they are to occur within 24 and 72 hours and 30 days of a child coming into division custody. Additionally, the Family Support Team is convened monthly until adjudication and every 6 months thereafter. At each meeting the child(ren)'s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. Good case planning and review of the permanency goal is dependent upon Family Support Team meetings occurring with the frequency indicated per policy as well as ensuring the permanency goal is reviewed with regularity in the meetings.

In order to improve the frequency per policy of Family Support Team meetings, Circuit Managers will analyze the Family Support Team meeting data during their circuit self-assessment. They will then initiate a corrective action plan as needed and be assisted by the PET members in monitoring for improvement.

(P1.7.2) The quality of Family Support Teams will be improved by ensuring the permanency goal is reviewed and established with the multi-disciplinary team. The permanency goal will be established and reviewed within 30 days and at least every six months thereafter during the permanency reviews. System fields and coding changes were made to the ACTS system so permanency reviews could be tracked separately from Family Support Team meetings. Policy on the elements required for a Family Support Team meeting to be considered permanency review is being developed and disseminated to all staff. These system and policy changes will be integrated into BASIC training.

Quality Family Support Team meetings are also dependent upon the skill of the facilitator. CD Children's Service Workers typically facilitate these meetings. When Family Support Team meetings become overly contentious, it is challenging for the worker to be an effective facilitator. Therefore, "expert" facilitators will be identified in each region. These "experts" will serve as objective facilitators for more contentious and difficult Family Support Team meetings. A protocol will be developed for accessing the "expert" facilitator and the facilitators will receive advanced Family Support Team facilitator training. Information on the "expert" facilitator duties and access protocol will be distributed to all staff.

(P1.7.3) The CFSR indicated a concern that "true" concurrent planning was not taking place consistently across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. Currently, the Children's Division's Child Welfare Manual does not provide clear guidelines on how to facilitate "true" concurrent planning.

The Division owns the Concurrent Planning curriculum developed by Hunter College. Currently newly hired social service front line staff are trained on concurrent planning in the child welfare practice basic orientation. However, to strengthen skill practice in this area there will be advanced in-service module developed that will be provided to new staff in their first year of employment. This advanced in-service module will further address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care. Although this in-service module is being developed as part of the new service workers required training, existing staff will also be allowed to attend as needed. The manual will be updated with a concurrent planning section where staff can obtain information as needed. Circuit Managers will monitor the concurrent planning outcomes through the PRR tool and the PET will assist in developing improvement plans.

Materials gathered from the National Resource Center for Family Centered Services will be utilized in the development of the curriculum. In addition to the existing training on concurrent planning as well as the in-service curriculum development, Children's Division has a training partnership with the Office of State Courts Administrator, which will include training on concurrent planning. A multi-regional conference is being planned for the spring of 2005 which will cover a variety of practice and procedural issues for juvenile court, Children's Division and Department of Mental Health staff.

(P1.7.4) Establishing a permanency goal for a child is key to determining the case plan. It is imperative staff understand family dynamics and case situations and how those impact the permanent plan for the child and family. ASFA provides some guidance on situations which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's Division staff on ASFA and permanency hearings will assure consistency across the

state regarding state and federal regulations. The Children's Division will partner with the Office of the State Courts Administrator (OSCA) to develop a training curriculum.

Item 8: Reunification, Guardianship, or Permanent Placement with Relatives

(P1.8.1) CFSR results indicated an overall lack of services were provided to children in legal status 2 (temporary custody with adoptive parents), legal status 3 (supervision only by the Children's Division), and legal status 4 (care and custody with juvenile court or other agency). As these children are not in the division's legal custody, the Child Welfare Manual may not provide enough guidance to staff on what their duties and responsibilities are when managing these types of cases. In order to address this issue, the division is retrieving data from the Legacy system. Central Office has sent lists of children in LS-2, LS-3, and LS-4 to regional staff (LS-4's were those children who did not meet ICPC criteria). Regional staff will review their lists, which shows where each child is residing to see if the child is placed incorrectly by legal status. Once these lists are "cleaned up" and children are placed more accurately by their legal statuses, it is anticipated there will be few children left on these lists. A workgroup will be convened to examine this data to determine how many children specifically fall into these categories as well as their overall outcomes. The workgroup will include Office of State Courts Administrator (OSCA), the Division of Legal Services and CD staff from both rural and metro sites in the state. Additionally, special case reviews will be conducted on a random sample of these legal statuses. The Children's Division will meet with the Division of Legal Services to determine the legal obligations the division has in these types of situations. Once these steps are accomplished, policy and protocol on division staff roles and responsibilities will be revised and a decision regarding the definition of children in the AFCARS population will be made. Once policy is firmed up on these legal statuses, quality assistance can be monitored through the Peer Record Review process.

(P1.8.2 refer to S2.3.4) Shortening the length of time in which permanency is achieved is dependent upon services being provided to the family. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

(P1.8.3 refer to P1.7.1) The Family Support Team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By increasing the frequency and timeliness per policy of Family Support Team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries.

(P1.8.4 refer to P1.7.2) Quality as well as timely FST meetings will assist families in achieving their case goal sooner. Establishing the permanency goal early on and regularly reviewing the goal assures that all team members have a common understanding about what the family is trying to achieve.

(P1.8.5 and P1.8.6 refer to P1.7.5) Collaboration between court staff and the Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives. Additionally, there will be a collaborative effort to provide cross training to the judiciary, court staff, GALs and CD staff on their various roles and responsibilities. A contract has already been developed to provide this training and meetings between OSCA and the CD will be held to discuss the roles and responsibilities of all parties.

(P1.8.7 and P1.8.8) To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the Children's Division will work in conjunction with the OSCA and DLS to draft a proposal to expedite guardianship. Each circuit will also work concurrently with their court to determine which strategy will expedite guardianship for children placed with relatives in CD custody. In addition, once logic has been created, coding changes in Legacy will track additional kinship placement types and show children are correctly placed by legal status, which will expedite permanency for children.

Item 9: Adoption

(P1.9.1) Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. The Children's Division will develop policy outlining supervisor and staff responsibilities in filing TPR, including documentation of compelling reasons for not filing TPR. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

(P1.9.2 refer to P1.6.5) An increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency. By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families. A workload staffing analysis will be conducted to determine staffing needs for completion of home studies and finalizing adoptions. Additional resources will be committed as needed per available resources.

(P1.9.3 and P1.9.4) As stated in the final report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timely. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing

permanency. In July of 2004, the Division of Legal Services (DLS) identified a plan to fill vacant FTE's or contract for attorneys. The additional attorneys are being hired and placed in areas of need. Further, DLS and the law schools will identify and seek other funding sources for the expansion of the law school cooperative program. The Children's Division and DLS will establish a workgroup to develop a protocol for accessing DLS attorneys. Monitoring will occur by a CD and DLS joint committee for improvement.

Item 10: Permanency goal of other planned permanent living arrangement

(P1.10.1 refer to P1.6.5) Much of the success of youth, who have a case goal of another planned permanent living arrangement, is dependent upon their preparation for eventual independence and support system after independence occurs. The foster parents of these youth must be prepared to assist them in working on their independent living skills. To increase the number and quality of resource families for older youth, the division will implement the recruitment and retention plan developed through the Chafee program, the Adopt US Kids campaign, and development of the recruitment and resource development contracts. Additionally, the Ready, Set, Fly curriculum for foster parents with older youth and the Chafee recruitment video will be incorporated into foster parent training.

(P1.10.2) Each year many youth are served through the Independent Living Program (ILP) due to the dedication and commitment of the ILP staff. However, increasing awareness of the program to CD staff, juvenile court and other youth serving agencies must be an ongoing process. Increasing awareness of the Education and Training Vouchers program as well as other Chafee services is a priority for Missouri's ILP. Informational meetings, seminars and workshops has been available to staff and community providers beginning with the annual Chafee stakeholder meetings. ILP staff has been working to design an ETV poster for distribution to secondary and higher educational institutions. An information memorandum will be written and disseminated to staff about the importance of involving ILP staff in the case planning process for older youth.

(P1.10.3) CD recognizes the importance of serving youth younger than age 16 through the ILP. In FY 2004, ILP staff worked diligently to design a hands on curriculum for youth younger than age 16. Missouri's philosophy for its youth in care is one of empowerment, leadership and responsibility. Each year the State Youth Advisory Board designs and hosts a youth empowerment conference to promote foster youth reaching out through community services, encourage and strengthen positive youth and adult relationships, and educating youth and adults about available resources.

One consistent recommendation from the Chafee stakeholder meetings held throughout the state in 2004 was to designate an adolescent worker position. Such a position would increase program accessibility and aware to youth, CD staff, juvenile court and other youth serving agencies. A workgroup will be convened to identify workers and design a training plan. In addition a CD memo will be written and disseminated to all

CD staff to involve ILP staff in the case planning process for older youth and to increase youth referrals to the Chafee program.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placements.

This item was found to be substantially achieved.

Item 12: Placement with siblings.

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting.

(P2.12.1) In order to increase the number of siblings placed together, the agency developed a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings and strengthened policy addressing the continual need for maintaining sibling relationships. Through the FST process, potential placement resources that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings. These policy requirements were incorporated into the Peer Record Review and the Supervisory Case Review Tools and will be monitored by Circuit Managers.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

(P2.12.2 refer to P1.7.5) To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be incorporated into foster parent training and the advanced Family-Centered Out-of-Home in-service training module for staff.

(P2.12.3 refer to P1.6.5) Increasing the number of resource families whom will accept sibling groups is critical to increasing the number of siblings placed together. The performance development resource contracts will be utilized for this purpose.

Item 13: Visiting with Parents and siblings in foster care

(P2.13.1) The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. This enhanced visitation policy will emphasize that visitation should have intention and be held in the least intrusive and most natural setting. The enhanced visitation policy will be incorporated into BASIC and on-going training and incorporated into the Peer Record Review and Supervisory Case Review tools. Circuit Managers will monitor this data and PET teams will assist them in developing improvement plans.

Item 14: Preserving Connections

(P2.14.1) During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. Based on results of Family to Family evaluation and review of other state's best practices the division will determine statewide applicability. A statewide plan to address preserving connections will then be developed.

(P2.14.2 refer to P1.6.2) Improving diligent search for relative and missing parents will also assist the division in preserving connections for children in care.

(P2.14.3) The agency recognizes that children of American Indian descent need to maintain familial connection to encourage continued growth and learning of cultural

traditions, activities and lifestyles. The agency has revised Missouri's Indian Child Welfare Act (ICWA) policy to reflect best practice standards. Questions about Native American heritage will be incorporated into the intake tool (CPS-1) and family assessment tool (CD-14) to ensure the possibility of Native American heritage is explored early in the division's involvement with a child and family. This will be monitored by adding an ICWA question to the Peer Record Review and the Supervisory Case Review tools.

Item 15: Relative Placement

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

(P2.15.1 refer to P1.6.1) Alternative Care tracking system enhancements will be made to accurately track the use of kinship and relative placements.

(P2.15.2 refer to P2.15.2) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child's care.

(P2.15.3 refer to P1.6.2) The training provided for relative/kinship resource families needs evaluation. Relative and kinship caregivers will be surveyed on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey will be collected and analyzed and necessary adjustments will be made to the curriculum.

Item 16: Relationship of Children in Care with Parents

A key concern found in the CFSR was a lack of consistent effort to maintain children's relationships with the non-custodial parent; specifically noted were fathers.

(P2.16.1) Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren).

(P2.16.2 refer to S2.3.2) Once parents are located, engagement of the parents throughout the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships.

Item 17: Needs and services of child, parents, foster parents

(WB1.17.1 refer to S2.3.1) Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-map, and timeline.

While these tools are helpful in engaging the family, the CD-14 will be revised to better link service provision to the needs of the family.

(WB1.17.2 refer to S2.3.2) Family engagement in the assessment process is crucial to identification of needs and improved case planning.

(WB1.17.3 refer to S1.2.2) Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the “Confirming Safe Environments” work process.

Well Being Outcome 1: Families have enhanced capacity to provide for children’s needs.

Item 18: Child and family involvement in case planning

(WB1.18.1) Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan were found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process. A protocol will be establish to access CD staff outside of regular business hours.

(WB1.18.2 refer to P1.7.3) Improving the quality of the Family Support Team meetings will assist in increased family participation in the case planning process.

(WB1.18.3) One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

Item 19: Caseworker visits with child

The CFSR found the level of face-to-face contact between children’s service workers and the children in their caseloads was not consistently sufficient to ensure children’s safety and well being and promote case goals. This was especially evident for in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.

WB1.19.1 & 19.2) In order to increase policy compliance for the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation is needed when visits did not occur in a timely way will be clarified. Currently policy requires workers to meet with the child and foster/kinship family within the first week and thereafter a minimum of every two weeks to monitor placement. New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be determined by the visitation policy and practice workgroup and submitted to the Policy Review Team and executive management staff for feedback prior to approval by the executive team and implementation. Visit protocols will be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Evaluation Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

(WB1.19.3) A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker visits. Using current information systems, it is difficult to monitor past or current compliance. A visitation policy and practice team will be convened to develop policy on visitation re: how often; what should take place during visits and possibly used as accountability of tracking where children are. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. SACWIS will be available to track visitation in the Case Management System.

Item 20: Worker Visits with Parents

(WB1.20.1 and WB1.20.2) The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The Family Risk Assessment/Reassessment is a reliable tool used to assess risk to children. The risk level is used to guide the minimum amount of contact with the family each month for cases opened for ongoing services. CD minimum guidelines for very high risk families require workers to have two face-to-face/month contacts with the family and three outside collateral contacts/month. High risk level cases require one face-to-face and three collateral contacts/month. Moderate risk requires one face-to-face and two collateral/month and low risk requires one face-to-face and one collateral contact/month. The PRR will be revised to more accurately reflect the collateral contacts which are required.

The action steps necessary to enhance worker/parent visitation are the similar to those outlined in the first three benchmarks in Item 19 which include: developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment, clarifying policy on frequency of visits with parents and making changes to the ACTS and FCS systems to track visits with parents. The division will

also strengthen relationships between the worker and resource provider by integrating the quality visit protocol into foster parent training and evaluating the Caregiver Who Knows the Child training.

Well Being Outcome 2: Children receive services to meet their educational needs.

Item 21: Children receive appropriate services to meet their educational needs.

(WB2.21.1) This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance. Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care.

The first step in improving these relationships is to have educational personnel/liaisons involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to Family Support Team meetings will be developed.

The Children's Division and many school districts are partnered to provide the School Based Social Worker (SBSW) Program. The rationale for this program is the prevention and early identification of children at possible risk of child abuse and neglect or other barriers that would limit full potential for success in the school setting. Missouri school districts interested in the SBSW program can submit a proposal for a Cooperative Service Program. The division pays 35 percent and the school pays 65 percent of the salary for the SBSW. The function of the SBSW broadens the expanse of services available to the child and family, differing in focus and job duties than the traditional guidance school counselor. The goal is for all parties involved to collaborate, enhance and complement the type of services provided to ensure the best interests of the child.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special educational needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

(WB2.21.2) To improve the flow of educational records and reports between schools, a protocol will be developed for children in care to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

(WB2.21.3 and WB2.21.4) Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Organizational Improvement Child Protective Services and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 22: Physical health of the child

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for some children in foster care.

(WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

Jackson County began partnering with a mobile dental group Reachout Healthcare America to schedule appointments for children to receive dental care at mobile sites in November 2003. Bridgeport, the dental subcontractor for MC+ plans to formalize agreements with Reachout to provide services for any Jackson County child with MC+ or Medicaid. A dentist, x-ray technician and a dental hygienist are available each visit to provide routine dental work including cleaning, oral hygiene, fluoride treatments,

sealants, and fillings. More complicated and orthodontic services are not provided at the mobile site. The Jackson County dental coordinator has been communicating with Reachout to inquire about what other cities the mobile dental group visits and the possibility of expanding this service to other children eligible for MC+ or Medicaid in other parts of the state.

(WB3.22.2) Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs of families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Circuit Managers will be assisted by quality assurance specialist to monitor the Supervisory Case Review outcomes. Regional Practice Evaluation Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

Item 23: Mental health needs of the child

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

(WB3.23.1) The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. These coordinators will convene teams to identify local barriers and develop plans to alleviate barriers and create partnerships to improve service delivery in the mental health arena. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

(WB.3.23.2) Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma. Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move. Additional trainings entitled "Working with the Explosive Child",

“Grief and Loss”, and “Reactive Attachment Disorder” will be offered semi-annually to staff.

(WB3.23.3) Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Evaluation Teams (PET) in each region.

Systemic Factors

Statewide Information System

Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.

This item was found to be substantially achieved.

Case Review System

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.

This item was found to be an area needing improvement due to case plans not being developed jointly with the child’s parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

(25.1 refer to S2.3.1) Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths.

(25.2 refer to S2.3.2) Family participation in Family Support Team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time.

(25.3 refer to S2.3.3) To ensure accountability for good social work practice, supervisors must have the capacity to monitor practice. The division will improve supervisor capacity to monitor case planning practices.

(25.4 refer to P1.6.2 and S2.3.2) Improving diligent search mechanisms will assist in maximizing familial participation in the case planning process. Strengthening worker and supervisor skills in engaging families in the case planning process will ensure plans are developed jointly with families.

(25.5) Improving the overall Family Support Team facilitation skills of staff will ensure that the family has input into the case planning process. Fundamental FST skill application has been a part of BASIC training. In February 2005, Professional Training and Development will roll out an enhanced/improved version of this skill application. A supplemental one day FST training will be offered to existing staff focusing on skills necessary to conduct effective FST meetings beginning in February 2005. Twenty-five sessions will be available through October 2005. In addition, the Advanced FST skill application will become available in February 2005. Twenty-five sessions will also be available throughout the state in 2005 with a concentrated focus on leading and modeling FST facilitation skills. The use of solution focused techniques will be demonstrated and practiced. The advanced FST facilitation training will be integrated into the advanced Family-Centered Out-of-Home Services in-service module in May 2006 and Advanced Family-Centered Services in-service module in September 2006.

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month administrative review do not meet the Federal requirement of involving a third party participant.

(26.1) The current policy will be revised to clarify FST requirements/procedures. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.

(26.2) Circuit Managers will recruit a pool of qualified volunteers to participate as third party reviewers for the six month administrative reviews. These reviewers will be assigned to case reviews by the Circuit Managers.

(26.3) In order to increase the ability to track the six month administrative review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form). Staff will only be able to enter a 6 month administrative review into the system and get credit for it if the 3rd party reviewer criteria has been met for that review.

Item 27: Provides a process that ensures each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only “paper” reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV -E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure “...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F) and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement...”

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption.”

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children’s Division staff, children, parents and juvenile officers;

- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litem in various parts of the state are few and are not easily replaced on short notice.

Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children's Division staff is required to submit status reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is limited due to budgetary constraints.

(27.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys. Additionally, the division will work with the law schools to expand the cooperative program.

(27.2) Regardless of whether legal representation is provided to Children's Division staff, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively with CS, OSCA, NRC and DLS. The training will be incorporated into BASIC and ongoing for existing training.

(27.3) In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data

system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. While court scheduling is not within the purview of the Division, the Division can take steps to promote hearing timeliness. As stated previously, the Division will provide staff training to improve testifying skills. The Children's Division will also collaborate at the state level with OSCA to ensure joint accountability for timely court hearings and identify those circuits in which court issues need to be addressed. Timeliness of hearings will be monitored through the development of an interagency work group which will address system-wide Juvenile Justice issues regarding consistency, communication and coordination across judicial circuits. Additionally, local protocols between the court and local offices will be developed to ensure timely hearings. The Family Support Team policy will be revised to assure the twelve month permanency hearing date is discussed and documented during the team meeting. The revised policy will be incorporated into BASIC training.

(27.4 refer to P1.7.5) Attorneys appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the OSCA and DLS to provide cross training to court staff, Guardian ad Litem and division staff on ASFA and permanency hearings consistent with state and federal regulations.

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made.

(28.1 refer to P1.9.4) To improve access to legal representation, the Children's Division and DLS have identified a plan to fill vacant FTEs and hired additional attorneys.

Additionally, the division will work with the law schools to expand the cooperative program.

(28.2 refer to S2.3.2) Engagement of the family and child is critical to their involvement in the case planning process and service delivery. Staff must be aware of the reasonable efforts required by AFSA prior to filing TPR. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Worker and supervisor skill in engaging the family will be strengthened by gathering focus group information and developing a training curriculum or guide.

(28.3 refer to P1.9.1) Termination of parental rights needs to be filed in a timely manner unless compelling reasons are documented in the record. Local procedures for TPR filings will be developed and division policy will address supervisor and staff responsibilities in documentation of compelling reasons for not filing TPR.

(28.4 refer to P1.6.2) Lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts.

(28.5) Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. 211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

(29.1) Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. HB 1453 indicates it is the courts responsibility to notify parties of hearings. Five sessions of Comprehensive Child Welfare Training co-sponsored by OSCA during March, April and May 2005 for CD, court staff and judges will include notification of this

responsibility. Although notification is a court process, each circuit has in a place a mechanism based on local protocol to ensure their circuit court has available addresses to notify parties of upcoming court hearings. Questions regarding notification of court hearings will be incorporated into consumer surveys for foster parents, youth and biological parents for monitoring purposes.

Quality Assurance System

Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

This item was found to be substantially achieved.

Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

This item was found to be substantially achieved.

Training

Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

This item was found to be substantially achieved.

Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

(33.1, 33.2, 33.3, 33.4, and 33.5) A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Professional Development and Training Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Professional Development and Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new frontline staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with the family. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration.

(33.6) The creation of a Training Advisory Committee comprised of clinical mentors, trainers, field staff and possibly representatives from a school of social work will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Professional Development and Staff Training will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff.

(33.7) Additionally, the Child Abuse and Neglect Training Institute has been developed to increase training opportunities for staff. The institute is the result of a cooperative effort between the division and numerous community partners. In early 2004, the CA/N Training Institute Planning Partnership committee met to finalize topics and session content for three CA/N Training Institute sessions. The sessions are video conferenced to locations all over the state to allow for maximum participation. Each training has

selected speakers that address a wide variety of topics relevant to Child Abuse and Neglect.

(33.8) Additional circuit specific training will be provided based on needs identified in the Circuit Self-Assessments. To access this training the circuits will notify the Professional Development and Training Unit of their targeted training need. The Professional Development and Training Unit will then design a training targeted to the specific need of that circuit.

Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

This item was found to be substantially achieved.

Service Array

Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

(35.1 refer to WB3.22.1) In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in each region and Medicaid dental providers will be provided notice of the regional dental coordinator. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental

providers. Additionally, the division will complete an assessment regarding expansion of the dental van program currently available in Jackson County.

(35.2) The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division has partnered with the ADA section of the Department of Mental Health to develop a joint in-service training called Family, Drugs and Safety. This training was initially field tested in the southwestern region of the state and is scheduled to be tested further in Jefferson County. Curriculum will be revised to reflect recommendations during the field test, including who the target audience is and how many staff to be trained. The Professional Development and Training Unit will provide three additional trainings across the state.

(35.3 refer to P1.6.5) In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

(35.4) In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.

(35.5) To increase the availability of non-English speaking services, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.

(35.6) In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide.

Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

See narrative for Item 35.

Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

(37.1) To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

(37.2 refer to S2.3.2) Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

Agency Responsiveness to the Community

Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.

This item was found to be substantially achieved.

Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

This item was found to be substantially achieved.

Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

This item was found to be substantially achieved.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

This item was found to be substantially achieved.

Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

This item was found to be substantially achieved.

Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

This item was found to be substantially achieved.

Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

(44.1 refer to P1.6.5) Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; implementing a recruitment and retention plan for foster home serving older youth through the Chafee program, implementing the Adopt US Kids campaign, and developing performance based resource development contracts.

Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

This item was found to be substantially achieved.

**Children's Bureau
Child and Family Services Reviews
IV. Program Improvement Plan Matrix (PIP Matrix)**

State: Missouri

ACF Regional Office:

State contact and telephone: Lee Temmen, 573-526-3735 **Region I** **Region IV** X **Region VII** **Region X**

ACF Contact and telephone: Ann Burds, 816 426-2260 **Region II** **Region V** **Region VIII**

Date and quarter submitted: January 28, 2005 **Region III** **Region VI** **Region IX**

A = Achieved

N/A = Not Achieved

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Safety Outcome S1: .								
Item 1: Timeliness of initiating investigations of reports of child maltreatment		X	Baseline 76.6% (derived from average of 8 quarters in FY 2003 and 2004) Goal 80.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement. Progress to be tracked quarterly over two year period from CD Outcomes Report).		Monitored through CD Outcomes Report Outcome #1: Improve timeliness of initial child contact.			Projected- Dec 2006 Actual-
				S1.1.1 Clarify policy regarding timeliness of		S1.1.1.a Refined definition of "initiating" reports.	P-Mar 05 Actual-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				initiating reports of child maltreatment.		S1.1.1.b Policy clarified regarding multi disciplinary team contact.	P- Mar 05	
				Kathryn Sapp		S1.1.1.c Policy clarified regarding face-to-face contact and determining safety of the child.	P-Mar 05 A-	
					Policy issuance	S1.1.1.d Policy disseminated to all CD staff.	P-Mar 05 A-	
				S1.1.2 Increase accuracy of data regarding initial contact.		S.1.1.2.a Data system entry guidelines clarified for “initial contact”.	P-Aug 05 A-	
				Kathryn Sapp		S.1.1.2.b As determined, if needed by policy clarification, additional systems entry codes developed to capture accurate data.	P-Feb 06 A-	
					PRR revised	S1.1.2.c Revised Peer Record review questions to assess accuracy of coding.	P-Sept 05 A-	
					Quarterly PRR results	S1.1.2.d Circuit Managers and the assisting QA specialists monitor quarterly Peer Record results and make recommendations for improvements.	P-Ongoing quarterly A-Ongoing quarterly	
				S1.1.3 Study feasibility for alternative protocols for managing non CA/N referrals	Demographic data	S1.1.3.a CD/FSD assessed demographics for non CA/N referrals.	P-Apr 04 A-Apr 04	
				Virginia Lewis -Brunk	Protocol written	S1.1.3.b Protocol written for screening and assigning non CA/N referrals for test sites in Jackson, Clay and Platte Counties.	P-May 04 A-May 04	
					Training agenda	S1.1.3.c Training provided to CD/FSD workers and supervisors regarding new protocol for testing.	P-May 04 A-May 04	
						S1.1.3.d Launched a non CA/N referral alternate response process in Jackson, Clay and Platte Counties.	P-Jul 04 A-Jul 04	
					Pilot data	S1.1.3.e Convened workgroup to evaluate CD/FSD pilot for non CA/N referrals.	P-Jan 05 A-	
					Recommendations report	S1.1.3.f Workgroup to provide recommendations for modifications of non CA/N referral protocol and test sites continuations.	P-Apr 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Recommendation Plan	S1.1.3.g Recommendation plans finalized.	P-Jun 05 A-	
					Implementation plan	S1.1.3.h Implementation plans finalized to implement in target areas.	P-Aug 05 A-	
				S1.1.4 Develop improvement plan to respond timely to reports of maltreatment Kathryn Sapp	Circuit self-assessments	S1.1.4.a Circuit level assessment to evaluate CA/N response completed.	P-Oct 04 A-Oct 04	
					Established protocol	S1.1.4.b Local protocol for CA/N response established.	P-Mar 05 A-	
					Implemented protocol	S1.1.4.c Implemented local protocol for improvement of maltreatment.	P-Apr 05 A-	
						S1.1.4.d Monitored the improved timeliness of initial child contact.	P-July 05 A-	
				S1.1.5 Call Management and Structured Decision Making (SDM) Protocols Implemented at the Child Abuse and Neglect Hotline Unit (CA/N HU) to provide consistent screening and classification of calls received. Charlotte Gooch	Protocols developed	S1.1.5.a Began development of SDM and Call Management protocols for CA/N HU.	P-Dec 03 A- Dec 03	
						S1.1.5.b Incorporated SDM and Call management protocols into CA/N HU process.	P-Apr 04 A-Apr 04	
					Training agenda	S1.1.5.c Remaining CA/N HU staff trained on protocols and using call management system.	P-Aug 04 A-Aug 04	
					CA/N HU Supervisory Review Tool developed	S1.1.5.d CA/N HU Supervisory Review tool developed to assess quality.	P-Sept 05 A-	
						S1.1.5.e CA/N Hotline protocols automated.	P-Sept 05 A-	
					PRR revision	S1.1.5.f Added CA/N HU section to the Peer Record Review tool.	P-Sept 05 A-	
					PRR tool analysis. On going data collected and reviewed quarterly.	S1.1.5.g Collected and analyzed PRR tool results for practice enhancements. Analysis.	P-Jan 2006 Ongoing Quarterly A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
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	A	N/A						
Item 2: Repeat maltreatment Recurrence of Maltreatment: Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the fiscal year, what percent were victims of another substantiated or indicated report within a 6 month period		X	CA/N Recidivism Nat'l Standard 6.1 % or less MO FFY 2003 NCANDS Baseline 8.3% NCANDS Goal 7.4% (Based on Federal formula for goal setting)					P-Dec 2006 A-
				S1.2.1 Ensure consistent and accurate completion of SDM safety and risk assessment.	PRR revision	S1.2.1.a Incorporated SDM safety and risk assessment questions into Peer Record Review Tool.	P-Jan 04	
				Kathryn Sapp	Training curriculum	S1.2.1.b Modified BASIC training curriculum and ongoing training curriculum based on PRR results.	A-Jan 04	
					Training agenda	S1.2.1.c Conducted initial in-service training with CD and court staff.	P-Feb 04	
					Evaluation Report	S1.2.1.d Evaluated SDM Peer Record Review Outcomes.	A-Feb 04	
					In-service training agenda	S1.2.1.e Convene workgroup to finalize SDM review tool and instruction to field.	P-Jun 04	
						S1.2.1.f Instruct field staff to review 10% of cases using SDM review tool.	A-Jun 04	
						S1.2.1.g Evaluate results of review, identify circuits whose needs are more imminent for the training.	P & A -On-going & quarterly	
							P-Feb 05	
							A-	
							P-Apr 05	
							A-	
							P-Jul 05	
							A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						S1.2.1.h As needed, provided training to circuits identified with imminent need.	P-Sep 05 ongoing A-	
Incidence of Child Abuse and/or Neglect in Foster Care: Of all children who were in foster care during the reporting period of the fiscal year, what percent experienced maltreatment from foster parents or facility staff members?			CA/N in AC Nat'l Standard 0.57% or less MO FFY 2003 NCANDS Baseline 0.37% Goal Achieved					P-Dec 2006 A-
				S1.2.2 Implementation of "Confirming Safe Environments" (CSE) process. Cindy Wilkinson	Training agenda	S1.2.2.a All staff trained in CSE process in test sites of Pettis, Cooper, and Greene.	P-Jul 04 A-Jul 04	
					Training agenda	S1.2.2.b Trained one Out-of-Home Unit on CSE in St. Louis City.	P-Jul 04 A-Jul 04	
						S1.2.2.c In-house expertise developed for training	P-Dec 04 A-Dec 04	
					Evaluation report	S1.2.2.d Central Office staff summarized test site implementation in Pettis, Cooper and Greene for Child Protection	P-Mar 05 A-	
					Modified curriculum	S1.2.2.e. Strengths in summary and CSE curriculum identified by statewide committee.	P-Aug 05 A-	
					Submission of expansion and training plan	S1.2.2.f Strengths in summary and CSE curriculum incorporated into policy and practice through policy memo and localized training.	P-Jan 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				S1.2.3 Strengthen policy regarding assessment of safety at and throughout placement. Cindy Wilkinson	Policy developed	S1.2.3.a Developed policy regarding assessment of safety at and throughout placement.	P-May 05 A-	
					Policy disseminated	S1.2.3.b Disseminate policy and monitor through on going circuit self-assessments, PRR and supervisory oversight.	P-June 05 A-	
				S1.2.4 Practice Enhancement Teams (PET) assist Circuit Managers in development of improvement strategies to reduce repeat maltreatment and CA/N in foster care. Bonnie Washeck		S1.2.4.a Developed PET roles and responsibilities.	P-Feb 05 A-	
					Organizational Chart	S1.2.4.b PET teams developed.	P-Mar 05 A-	
					Current data on repeat maltreatment	S1.2.4.c Convened PET teams to review Circuit Self-Assessments in the areas of repeat maltreatment and CA/N in foster care.	P-Apr 05 A-	
					List of strategies	S1.2.4.d PET teams and Circuit Managers developed improvement strategies.	P-May 05 A-	
					Program improvement plans developed	S1.2.4.e Program improvement plans implemented by Circuit Managers and staff.	P-Aug 05 A-	
				S1.2.5. Strengthen policy and practice relating to chronic neglect and accumulation of harm. Kathryn Sapp	Analysis report	S1.2.5.a Statewide analysis of families with multiple reports completed by CD and Institute of Applied Research (IAR).	P-June 04 A-June 04	
					Waiver application	S1.2.5.b Submit revised Title IV-E waiver application for Chronic Neglect pilot.	P-Jan 05 A-	
					Training curriculum	S1.2.5.c Training Curriculum for pilot sites developed regardless of waiver outcome.	P-July 05 A-	
						S1.2.5.d System enhancements for tracking/monitoring developed.	P-Jul 05 A-	
						S1.2.5.e Three pilot sites selected (Jasper, Jefferson and Randolph counties) based on negotiations with Federal partners.	P-July 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training agenda	S1.2.5.f Pilot sites trained by FCS consultants.	P-Jul 05 A-	
						S1.2.5.g Initiated pilots.	P-Aug 05 A-	
					Evaluation report	S1.2.5.h University of Missouri evaluated effectiveness of pilot sites based on waiver approval.	P-Feb 06 A-	
					Outcome data	S1.2.5.i Based on results determined statewide applicability.	P-Mar 06 A-	
					Expansion plan developed	S1.2.5.j Developed state expansion plan.	P-Apr 06 A-	
						S1.2.5.k Expansion sites initiated.	P-Sept 06 A-	
				S1.2.6 Develop performance-based contract for foster parents Bonnie Washeck	Licensing rules	S1.2.6.a Incorporated HB 1453 legislation regarding the Professional Family Development Plan (PFDP) into Licensing rules.	P-May 05 A-	
						S1.2.6.b Identified the performance based criteria required for the PFDP.	P-Aug 05 ongoing A-	
						Informed foster parents of PFDP criteria at assessment and reassessment	P-Aug 05 ongoing A-	
					Memo	S1.2.6.c Identify plan to inform CD staff of new requirements for foster parents	P-Nov 05 A-	
					Training agenda	S1.2.6.d Trained CD staff on PFDP and how to assist family in developing and implementing the plan.	P-Feb 06 A-	
						S1.2.6.e Identified resources for foster families to use to successfully implement PFDP.	P-Mar 06 A-	
						S1.2.6.f Initiated PFDP for all new and reassessed foster parents.	P-May 06 A-	
Safety Outcome S2:								
Item 3: Services		X	Baseline 80.4%		Peer Record			P-Dec 2006

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
to family to protect child(ren) in home and prevent removal			Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Review (PRR) IV-15 Rating of the overall quality of the service plan and service delivery			A-
				S2.3.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns (to be completed concurrently with S2.3.2) Kathryn Sapp	Draft of CD-14	S2.3.1.a CD-14 family assessment tool field test initiated in Circuit 2.	P-Sep 04 A-Sep 04	
						S2.3.1.b CD-14 family assessment tool field test expanded to other sites.	P-May 05 A-	
					Evaluation report	S2.3.1.c Results of field test evaluated and analyzed by staff and work group.	P-Jun 05 A-	
					Revised CD-14	S2.3.1.d Revised CD-14 as needed.	P-Jul 05 A-	
						S2.3.1.e Recommendations regarding changes made.	P & A On-going	
					Policy issuance	S2.3.1.g Policy issued with new documents and instructions.	P-Oct 05 A-	
					Training	S2.3.1.f Training of existing staff completed.	P-Jan 06 A-	
						S2.3.1.h Incorporated changes into BASIC training.	P-Jan 06 A-	
				S2.3.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative		S2.3.2.a Conducted focus groups (workers, supervisors, circuit managers and consumers) in four circuits (circuits 1, 2, 10, 41) to identify clinical support needs.	P-Aug 04 A-Aug 04	
					Supplemental Supervisory Training	S2.3.2.b Focus group results compiled and used for supplemental supervisory training.	P-Oct 04 A-Oct 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				care provider) and child involvement in case assessment, plan development and reassessment.	Training curriculum developed and began	S2.3.2.c Training curriculum developed and supplemental FST training began.	P-Feb 05 A-	
				Bonnie Washeck		S2.3.2.d Twenty sessions of Supplemental Supervisory training for all Supervisor I's began.	P-Feb 05 A-	
					Training agenda and summary of feedback	S2.3.2.e Training provided for existing staff and feedback solicited from trainees on training.	P-Oct 05 A-	
					Survey results and circuit improvement plans	S2.3.2.f PET teams annually analyzed family satisfaction survey data and PDR results for improvement with the expectation that circuits develop methods to improve.	P-Nov 05 annually A-	
				S2.3.3 Improve supervisory capacity to monitor enhanced practice relating to case planning.		S2.3.3.a Reviewed existing supervisory case review tools.	P-May 05 A-	
				Bonnie Washeck	Draft of tool	S2.3.3.b Created draft standardized supervisory case review tool.	P-June 05 A-	
						S2.3.3.c Supervisory case review tool field tested by selected supervisors.	P-Sept 05 A-	
					Feedback summary	S2.3.3.d Feedback from field testing reviewed by review team.	P-Jan 06 A-	
					Tool revision	S2.3.3.e Supervisory case review tool revised as needed.	P-Jan 06 A-	
					Protocol established and manual revision	S2.3.3.f Protocol for supervisory case review established and manual revisions made.	P-Jan 06 A-	
						S2.3.3.g System automation completed for supervisory case review tool.	P-Feb 06 A-	
					Policy disseminated and implemented	S2.3.3.h Supervisory case review tool and protocols approved and distributed for statewide use.	P-Feb 06 A-	
				S2.3.4 Establish procedures to access various service funding streams.		S2.3.4.a Developed service access funding grid and guidelines.	P-Aug 05 A-	
				Bonnie Washeck	Guidelines distributed	S2.3.4.b Distributed service access funding grid and guidelines to all staff.	P-Sept 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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	A	N/A						
				S2.3.5. Per new legislation, develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families. Jim Harrison		S2.3.5.a Barriers identified for children needing mental health services.	P-Jan 05 A-	
						S2.3.5.b Funding mechanisms established for providing mental health services.	P-Jan 05 A-	
					Coordination plan	S2.3.5.c Plan developed for coordination of resources from multiple agencies.	P-Jan 05 A-	
						S2.3.5.d Evaluation methodology established.	P-Jan 05 A-	
					Report submission	S2.3.5.e Report with recommendations submitted to legislators and governor.	P-Jan 05 A-	
Item 4: Risk of harm to child(ren)		X	Baseline 89.4% Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR IV-13 Services being provided to the family are adequate to meet their needs as identified in the assessment.			P-Dec 2006 A-
				S2.4.1 Ensure consistent and accurate completion of SDM safety and risk assessment. Cindy Wilkinson	SDM Review Tool	S2.4.1.a See S1.2.1.a		
						S2.4.1.b See S1.2.1.b		
						S2.4.1.c See S1.2.1.c		
						S2.4.1.d See S1.2.1.d		
						S2.4.1.e See S1.2.1.e		
						S2.4.1.f See S1.2.1.f		
						S2.4.1.g See S1.2.1.g		
				S2.4.2 Implementation of "Confirming Safe Environments" process. Cindy Wilkinson		S2.4.2.a See to S1.2.2.a		
						S2.4.2.b See to S1.2.2.b		
						S2.4.2.c See to S1.2.2.c		
						S2.4.2.d See to S1.2.2.d		
						S2.4.2.e See to S1.2.2.e		
						S2.4.2.f See to S1.2.2.f		
						S2.4.2.g See to S1.2.2.g		

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				S2.4.3 Implement enhanced background screening for foster/kinship and court ordered providers. Cindy Wilkinson	Policy disseminated	S2.4.3.a Policy for enhanced background screening implemented statewide.	P-Aug 04 A-Aug 04	
						S2.4.3.b Policy updates and supervisory consultations with existing staff.	P-Aug 04 ongoing A-Aug 04 ongoing	
						S2.4.3.c Incorporated enhanced background screening into on-going STARS and BASIC training.	P-Nov 04 A-Nov 04	
				S2.4.4 Development of "Culture of Care Initiative" for improving safety and nurturance of children in a residential care setting. Fred Proebsting	Committee member list	S2.4.4.a Work committees formed with volunteers from residential sites to develop curriculum.	P-Jan 04 A-Jan 04	
					Curriculum	S2.4.4.b Curriculum Drafted.	P-Mar 04 A-Mar 04	
						S2.4.4.c Curriculum approved by CD administration.	P-May 04 A-May 04	
						S2.4.4.d Roundtables held with CEO's to discuss curriculum.	P-Jul 04 A-Jul 04	
					Training agenda	S2.4.4.e NRC Train-the-Trainers session held/2 days in KC and St. Louis for residential licensed providers.	P-Aug 04 A-Aug 04	
						S2.4.4.f Measured through a reduction of the number of preponderance of evidence reports received by the residential treatment facilities.	P-Ongoing A-Ongoing	
				S2.4.5 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing		S2.4.5.a See S2.3.1.a		
						S2.4.5.b See S2.3.1.b		
						S2.4.5.c See S2.3.1.c		
						S2.4.5.d See S2.3.1.d		
						S2.4.5.e See S2.3.1.e		
						S2.4.5.f See S2.3.1.f		
						S2.4.5.g See S2.3.1.g		

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.		S2.4.5.h See S2.3.1.h		
Permanency Outcome 1		X						
Item 5	X		Passed CFSR On-site review and 2002 AFCARS					
Item 6: Stability of foster care placement		X	Stability in foster care Nat'l Standard 86.7% or more MO FFY 2003 78.6% AFCARS Goal 80.5% (Based on Federal formula for goal setting)					P-Dec 2006 A-
				P1.6.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit		P1.6.1.a Logic created to track additional placement types 1) Kin, Related, Not licensed 2) Kin, Non-related, Not licensed 3) Kin, Non-related, Licensed.	P-Mar 05 A-	
						P1.6.1.b Coding changes in Legacy completed.	P-May 05 A-	
					Policy disseminated	P1.6.1.c Policy updated and distributed to CD staff.	P-Aug 05 A-	
					Data converted	P1.6.1.d Staff will convert existing data to reflect accurate placement types.	P-Dec 05 A-	
					Quarterly Outcome Report	P1.6.1.e Coding changes to be reflected in Quarterly Outcome Report.	P-Apr 06 A-	

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1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				P1.6.2 Improve diligent search for relatives/missing parents. Bonnie Washeck		P1.6.2.a Potential explored for CD staff to access existing diligent search mechanisms.	P-Jul 04 A-Jul 04	
					Procedure disseminated	P1.6.2.b Diligent search procedure developed, distributed, and monitored through supervisory oversight.	P-Aug 04 A-Aug 04	
						P1.6.2.c Established agreements, as necessary, with other state agencies (possibly through Family Support Division and OSCA) to enhance access to state databases as mechanisms for diligent search.	P-Mar 05 A-	
					Quarterly outcome reports	P1.6.2.d CD staff utilize enhanced diligent search mechanism and monitored through supervisory oversight.	P-Apr 05 A-	
				P1.6.3 Expand use of family support team meetings to promote stability in alternative care placements Kathryn Sapp Cindy Wilkinson	Plan disseminated	P1.6.3.a Plan written and disseminated for HB 1453 requirement of a FST prior to or immediately after an impending move.	P-Aug 04 A-Aug 04	
						P1.6.3.b Made ACTS system changes to track FSTs held prior to or immediately after a move.	P-Aug 04 A-Aug 04	
						P1.6.3c Central Office staff provided training to regional staff on HB 1453 requirements	P-Aug 04 A-Aug 04	
						P1.6.3d Regional staff provided localized training to existing staff on HB 1453 requirement	P-Sep 04 A-Sep 04	
						P1.6.3.e Policy incorporated into BASIC training.	P-Dec 04 A-Dec 04	
					PRR	P1.6.3.f Updated PRR to assure pre-placement FSTs.	P-Feb 05 A-	
				P1.6.4 Identify resource family types and shortages.	Circuit data	P1.6.4.a Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Mar 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Circuit management plan	P1.6.4.b Recruitment plan targeting resource families written into a circuit management plan to address identified need.	P-May 05 A-	
				P1.6.5 Increase number of resource families Cindy Wilkinson	Recruitment and retention plan developed	P1.6.5.a Recruitment and retention plan for foster home serving older youth implemented through Chafee program.	P-Jun 04 A-Jun 04	
					Adopt US Kids campaign	P1.6.5.b Implemented Adopt US Kids campaign.	P-Jul 04 A-Jul 04	
					Request for Proposal	P1.6.5.c RFP written for performance based resource development contracts included the need for recruitment of resource homes to match our special needs population.	P-Dec 04 A-Dec 04	
					Award letters	P1.6.5.d Awarded recruitment and resource development contracts.	P-Mar 05 A-	
					Circuit data	P1.6.5.e Resource and recruitment contractors worked with circuits to determine resource family needs.	P-Apr 05 A-	
				P1.6.6 Increase placement stability by improving matching capabilities for children in out-of-home settings. Cindy Wilkinson		P1.6.6.a Consulted with the National Resource Center for Family Centered Practice and Permanency Planning regarding "critical" factors in placement stability.	P-Mar 06 A-	
					Survey results	P1.6.6.b Surveyed resource families to gather information regarding placement stability.	P-May 06 A-	
						P1.6.6.c Developed a placement matching tool designed for use in team decision making.	P-Oct 06 A-	
					Matching tool developed disseminated	P1.6.6.d Tool disseminated with instructions.	P-Nov 06 A-	
						P1.6.6.e Tool incorporated into BASIC training and supervisory oversight provided to existing staff..	P-Dec 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				P1.6.7 Evaluate support and training provided for relative/kinship resource families Cindy Wilkinson Jeff Adams	Survey	P1.6.7.a Surveyed current relative caregivers on the adequacy of the Caregiver who Knows the Child training curriculum.	P-Dec 05 A-	
					Analysis report	P1.6.7.b Data Collected and analyzed.	P-Feb 06 A-	
					Curriculum revision	P1.6.7.c Based on curriculum modifications, training to began to be delivered to newly licensed relative/kinship providers.	P-Sep 06 A-	
Item 7: Permanency goal for child		X	Baseline 85.9% Goal 90.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-12 The permanency plan was developed and it includes options for concurrent planning.			P-Dec 2006 A-
				P1.7.1 Ensure the frequency and timeliness of Family Support Team Meetings occurs per policy Kathryn Sapp Cindy Wilkinson	Circuit Self Assessment	P1.7.1.a Circuit Managers analyzed FST frequency data through circuit self assessment.	P-Aug 04 A-Aug 04	
					Corrective action plans	P1.71.b Initiated corrective action when data falls below goal set in strategic plan.	P-Feb 05 A-	
					Quarterly data reports	P1.7.1.c Circuit Managers assisted by PET monitored frequency data	P & A - Ongoing quarterly	
				P1.7.2 Improve quality of Family Support Teams (FSTs) to ensure permanency goal is reviewed and established Kathryn Sapp		P1.7.2.a Made ACTS systems changes to track permanency reviews separately from FSTs.	P-Aug 04 A-Aug 04	
					Policy developed	P1.7.2.b Policy written on ACTS systems changes and elements necessary for permanency reviews.	P-Sep 04 A-Sep 04	
					Policy disseminated	P1.7.2.c Policy disseminated to all staff.	P-Sep 04 A-Sep 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson	Training agenda	P1.7.2.d Incorporated ACTS system changes and policy into BASIC and computer systems training.	P-Jan 05 A-	
					List of facilitators	P1.7.2.e Identified individuals who will serve as expert facilitators for more difficult FSTs.	P-Mar 05 A-	
					Protocol developed	P1.7.2.f Protocol developed for accessing expert facilitators.	P-Apr 05 A-	
					Training agenda	P1.7.2.g Trained expert facilitators.	P-Apr 05 A-	
					Memo disseminated	P1.7.2.h Memo describing expert facilitator access protocol and expert facilitator duties distributed to all staff.	P-Apr 05 A-	
				P1.7. 3 Strengthen policy and practice relating to concurrent planning. Cindy Wilkinson		P1.7.3.a Circuit Managers monitored outcomes through PRR tool.	P-Mar 05 A-	
					Improvement plans	P1.7.3.b Circuit Managers assisted by the PET to develop improvement plans.	P-May 05 A-	
					Training curriculum and revised child welfare manual	P1.7.3.c Integrated concurrent planning into Advanced FCOOHC In-Service Module training and child welfare manual.	P-May 06 A-	
				P1.7.4 Increase collaboration with courts by providing cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations. Cindy Wilkinson	Training curriculum	P1.7.4.a CD partnered with OSCA to develop training curriculum.	P-Jan 04 A-Jan 04	
						P1.7.4.b Developed draft plan to address logistics of proposed training.	P-Jan 04 A-Jan 04	
						P1.7.4.c Submitted draft to management of CD/OSCA.	P-Feb 04 A-Feb 04	
					Contract developed	P1.7.4.d Developed a contract to provide cross training to judiciary, court staff, GAL's and CD staff.	P-Mar 04 A-Mar 04	
						P1.7.4.e Management approved draft.	P-Apr 04 A-Apr 04	
					Training agenda and curriculum	P1.7.4.f Training implemented by CD/OSCA to include concurrent planning training.	P-Jun 04 A- June 04 ongoing twice per year	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 8: Reunification, guardianship, or permanent placement with relatives.		X	Reunification Nat'l Standard 76.2% or more MO FFY 2003 AFCARS Baseline 59.8% AFCARS Goal 62.2% (Based on Federal formula for goal setting).					P-Dec 2006 A-
				P1.8.1 Address permanency and services needs of children in Legal Status 2, 3, and 4 Bonnie Washeck	Data reports	P1.8.1.a Prepared data on legal status 2, 3, and 4 children.	P-Dec 04 A-Dec 04	
					Workgroup member list	P1.8.1.b Developed workgroup to examine legal status 2, 3, and 4 children (include in workgroup OSCA, CD, and metro sites).	P-Feb 05 A-	
					Case review results report	P1.8.1.c Conducted special case reviews on legal status 2, 3, and 4 cases.	P-Apr 05 A-	
					Summary of meeting decisions	P1.8.1.d CD met with DLS and OSCA to determine legal obligations related to legal status 2, 3, and 4 children.	P-Apr 05 A-	
						P1.8.1.e Revise AFCARS population if necessary.	P-Apr 05 A-	
					Protocol developed	P1.8.1.f Developed policy and protocol on worker duties related to legal status 2, 3, and 4 cases.	P-July 05 A-	
					Comparison data	P1.8.1.g Caseload analysis (comparison to LS1) completed Legal status 2, 3, and 4.	P-Sept 05 A-	
					PRR	P1.8.1.h Incorporated Legal status 2, 3, and 4 cases into established Peer Record Review process.	P-Oct 05 A-	
				P1.8.2 Establish		P1.8.2.a See S2.3.4.a.		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				procedures to access various service funding streams. Bonnie Washeck		P1.8.2.b See S2.3.4.b.		
				P1.8.3 Ensure frequency and timeliness of Family Support Team Meetings occurs per policy. Kathryn Sapp Cindy Wilkinson		P1.8.3.a See P1.7.1.a P1.8.3.b See P1.7.1.b P1.8.3.c See P1.7.1.c		
				P1.8.4 Improve quality of Family Support Teams to assure the review of permanency goal. Kathryn Sapp Cindy Wilkinson		P1.8.4.a See P1.7.2.a P1.8.4.b See P1.7.2.b P1.8.4.c See P1.7.2.c P1.8.4.d See P1.7.2.d P1.8.4.e See P1.7.2.e P1.8.4.f See P1.7.2.f P1.8.4.g See P1.7.2.g P1.8.4.h See P1.7.2.h		
				P1.8.5 Increase collaboration with courts by providing cross training to new judiciary, court staff, Children's Division staff and GAL's on ASFA & Permanency hearings consistent with state and federal regulations Cindy Wilkinson		P1.8.5.a See P1.7.4.a P1.8.5.b See P1.7.4.b P1.8.5.c See P1.7.4.c P1.8.5.d See P1.7.4.d P1.8.5.e See P1.7.4.e P1.8.5.f See P1.7.4.f		
				P1.8.6 Increase collaboration with courts by providing cross training to judiciary, court staff,	Contract developed	P1.8.6.a Contract developed to provide training.	P-Apr 04 A-Apr 04	
					Meeting minutes	P1.8.6.b Meeting held to discuss roles and responsibilities of CD and Juvenile Officers.	P-Dec 04 A-Dec 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				GAL's and Children's Division staff regarding roles and responsibilities. Cindy Wilkinson	Training agenda	P1.8.6.c Training provided to judiciary, court staff, GAL's and CD staff	P-May 05 A-	
				P1.8.7 Collaborate with OSCA to explore barriers that would allow Juvenile Courts to enter temporary custody orders and transfer jurisdiction to Probate & Circuit Courts to expedite guardianship. Jim Harrison	Meeting Minutes	P1.8.7.a Meeting held (with OSCA, CD, and DLS) to look at existing data and practices to identify problem areas and barrier to expeditious guardianship, including legislative and policy change.	P-Mar 05 A-	
					Proposal drafted	P1.8.7.b Proposal drafted for legislative change.	P-Mar 05 A-	
						P1.8.7.c Written proposal reviewed by OSCA, CD and DLS.	P-Mar 05 A-	
						P1.8.7.d Proposal finalized and presented to Department for legislative change.	P-Mar 05 A-	
				P1.8.8 Determined policy remedy to be used in addition or in lieu of any legislative change referred in P1.8.7. Jim Harrison Lesley Pettit		P1.8.8a Each circuit determined strategies with their court to expedite guardianship for children placed with relatives in CD custody.	P-Oct 05 A-	
						P1.8.8b See P1.6.1a		
						P1.8.8c See P1.6.1b		
						P1.8.8d See P1.6.1c		
						P1.8.8e See P1.6.1d		
						P1.8.8f See P1.6.1e		
Item 9: Adoption	X		Adoption Nat'l Standard 32% or more MO FFY 2003 AFCARS Baseline 38.5% Goal achieved					P- Dec 2006 A-
				P1.9.1 Termination of Parental Rights will be	Data report	P1.9.1.a.Examine TPR data from current information system.	P-Feb 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson Kathryn Sapp	Circuit reports on outcomes of meetings with courts.	P1.9.1.b Initiated local circuit meetings with Judicial Courts to address local procedures for filing of TPR petitions.	P-Jun 05 A-	
					Policy developed	P1.9.1.c Developed policy for supervisor and staff responsibilities in documenting compelling reasons for not filing TPR.	P-Jun 05 A-	
						P1.9.1.d Incorporated into BASIC training.	P-Jun 05 A-	
					Policy disseminated	P1.9.1.e Policy disseminated to staff and supervisory oversight	P-Aug 05 A-	
					PRR monitoring	P1.9.1.f Quarterly monitoring by PRR.	P&A ongoing quarterly	
						P1.9.1.g Incorporated into Advanced FCOOHC In-service module training.	P-May 06 A-	
				P1.9.2 Increase number of resource families. Cindy Wilkinson	Performance based contracts and outcome reports	P1.9.2.a See P1.6.5.a		
						P1.9.2.b See P1.6.5.b		
						P1.9.2.c See P1.6.5.c		
						P1.9.2.d See P1.6.5.d		
						P1.9.2.e See P1.6.5.e		
				P1.9.3 Increase capacity to conduct home studies and finalize adoptions. Cindy Wilkinson	Request for Proposal	P1.9.3.a RFP written for performance based development contracts.	P-Sep 04 A-Sep 04	
					Workload staffing analysis	P1.9.3.b Conducted a workload staffing analysis to determine staffing need for completing home studies and finalized adoptions.	P-Mar 05 A-	
					Award letters	P1.9.3.c Awarded performance based permanency and resource development contracts.	P-Mar 05 A-	
					Staffing report	P1.9.3.d Committed additional staff (private or public) as needed per available resources.	P-Jul 05 A-	
				P1.9.4 Improve access to legal representation for CD staff		P1.9.4.a DLS identified plan to fill vacant FTE's or contract for attorneys.	P-Jul 04 A-Jul 04	
						P1.9.4.b Additional attorneys hired and placed.	P-Sep 04 A-Sep 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Fred Simmens		P1.9.4.c DLS & Law Schools identified funding sources for expansion of law school cooperative program.	P-Mar 05 A-	
						P1.9.4.d DLS & Law schools requested funding program.	P-Mar 05 A-	
					Establish workgroup	P1.9.4.e CD/DLS established a work group to develop a protocol for CD staff to access DLS attorneys or contractors.	P-Mar 05 A-	
						P1.9.4.f CD/DLS contacted law schools in St. Louis to assess interest in expanding the existing cooperative program.	P-Apr 05 A-	
					Develop draft protocol	P1.9.4.g Draft Protocol developed.	P-Apr 05 A-	
						P1.9.4.h Protocols adopted.	P-May 05 A-	
					Committee monitoring report	P1.9.4.i CD legal representation at court hearings monitored by CD/DLS joint committee for improvement.	P-July 05 A-	
Item 10: Other planned living arrangement		X	Baseline 63.3% Goal 66.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		PRR V-22 Youth 16 or older have an ILP plan documented in the case record (CS-1 Att.) PRR V-21 Youth 16 or over, are participating in or have completed ILP classes			P-Dec 2006 A-
				P1.10.1 Increase number and quality of resource families for older youth		P1.10.1a See P1.6.5.a		
						P1.10.1b See P1.6.5.b		
						P1.10.1c See P1.6.5.c		
						P1.10.1d See P1.6.5.d		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson		P1.10.1e See P1.6.5.e		
					Discuss recruitment activities	P1.10.1f Met with IL Specialists to discuss strategies on recruitment activities for locating homes for older youth.	P-Mar 05 A-	
					Recruitment activities report	P1.10.1g Met with IL Specialists to report on community recruitment activities.	P-Jun 05 A-	
						P1.10.1.h Incorporated Ready, Set, Fly curriculum and Chafee video into foster parent training.	P-Sep 05 A-	
				P1.10.2 Increase awareness of Chafee program services to staff and community members Cindy Wilkinson	Distribute ETV material	P.1.10.2a Increased awareness of Education and Training Voucher Program through distributing information material to secondary and higher education programs	P-Jan 2004 A-Jan 2004	
					Youth conference	P1.10.2b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 annually	
					Provide information meetings	P1.10.2c ILP staff provided Chafee informational meetings, seminars, workshops to CD staff, foster parents, juvenile court, and youth serving agencies.	P- Mar 04 Ongoing A-Mar 04 Ongoing	
					Write and disseminated memo	P1.10.2d CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services.	P-May 05 A-	
					Distributed ETV poster	P1.10.2e Designed and distributed ETV poster to schools and youth serving agencies	P-May 05 A-	
				P1.10.3 Increase program accessibility to provide life skills	Implement Pre-ILP Training curriculum	P1.10.3a Designed and Implemented Pre-ILP Life Skills training curriculum for youth 14-15.	P-June 04 A- June 04	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				training services for older youth Cindy Wilkinson	Youth conference	P1.10.3b State Youth Advisory Board (SYAB) designed and hosted annual youth empowerment conference	P-July 04 annually A-July 04 annually	
					Consult with SYAB	P1.10.3c Consulted with SYAB members on needs of older youth.	P-Dec 04 Ongoing A- Dec 04 Ongoing	
					Convene workgroup and address recommendations	P1.10.3d Convened workgroup to address recommendations from Chafee stakeholder and transitional living meetings on designating positions and training plan for adolescent workers	P-Feb 05 A-	
					Provide training to selected staff in designed areas	P1.10.3e Training provided in designate areas to selected staff interested in adolescent worker positions	P-Feb 05 A-	
					CD memo	P1.10.3f CD memo written and disseminated to staff involving ILP staff in the case planning process for older youth and referring age appropriate youth for Chafee services	P-May 05 A-	
Permanency Outcome P2:								
Item 11: Proximity of foster care placement	X							
Item 12: Placement with siblings		X	Baseline 85.6 Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review Question V-4: Siblings are placed together or there is ongoing visitation			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				P2.12.1 Increase the number of siblings placed together	Policy developed	P2.12.1.a Policy developed for FST to be required prior to separating siblings at any time during placement episode.	P-Aug 04	
				Kathryn Sapp			A-Aug 04	
					Policy enhancement	P2.12.1.b Enhanced policy addressing the continual need for maintaining sibling relationship.	P-Aug 04	
					PRR results & Improvement plans	P2.12.1.c Circuit Managers monitored quarterly PRR results and improvement plans developed.	A-Aug 04	
				P2.12.2 Develop an ongoing training module regarding sibling placements for staff, foster parents, and juvenile court staff.	Administrative review developed	P2.12.1.d Developed an administrative process to review cases after siblings are separated after 30 days.	P-Feb 05 A-Ongoing Quarterly	
							P-Nov 05	
							A-	
						P2.12.2.a Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into foster parent training.	P-Nov 05	
							A-	
						P2.12.2.b See P1.7.4.a		
						P2.12.2.c See P1.7.4.b		
				Jeff Adams		P2.12.2.d See P1.7.4.c		
						P2.12.2.e See P1.7.4.d		
						P2.12.2.f See P1.7.4.e		
						P2.12.2.g See P1.7.4.f		
				P2.12.3 Increase capacity for resource families that accept sibling groups. Cindy Wilkinson	Training module	P2.12.2.h Emphasis on the importance of sibling bonds, long term effects of separation, and importance of visitation, parentified child and sibling rivalries incorporated into BASIC and advanced FCOOHC In-Service training module.	P-May 06	
							A-	
						P2.12.3.a See P1.6.5.a		
						P2.12.3.b See P1.6.5.b		
						P2.12.3.c See P1.6.5.c		
						P2.12.3.d See P1.6.5.d		
						P2.12.3.e See P1.6.5.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 13: Visiting with parents and siblings in foster care.		X	Baseline 89.4 % Goal 90.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parents visits monitored through PRR Question V-13. There is a current visitation plan in place to facilitate reunification.			P-Dec 2006 A-
			Baseline 85.6% Goal 89.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Sibling visits monitored through Peer Record Review question V-4: Siblings are placed together or there is ongoing visitation.			
				P2.13.1 Increase frequency and quality of parent/child and sibling visits. Cindy Wilkinson	Policy revision	P2.13.1.a Revised policy to improve qualitative and quantitative visitation plan requirements.	P-Aug 05 A-	
						P2.13.1.b Incorporated policy revision into BASIC training and supervisory oversight provided to existing staff.	P-Sept 05 A-	
					PRR	P2.13.1.c Incorporated revisions into PRR tool.	P-Sept 05 A-	
					Quarterly data reports	P2.13.1.d Circuit Managers monitor data regarding frequency of parent/child/sibling visits.	P-Oct 05 A-	
					Practice improvement plans developed	P2.13.1.e Circuit Managers assisted by the PET teams developed practice improvement plans using all available data for guidance.	P-Oct 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
					Revised policy and training module	P2.13.1.f Policy revision incorporated and staff training began: Advanced FCOOHC In-Service training module.	P-May 06 A-	
Item 14: Preserving connections		X	Baseline 23.3% Goal 25.6% Baseline 83% Goal 87.2% Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Relative Placement CD-Outcomes #17 Increase the number of children placed with relative provider PRR V-1 Consideration was given to relatives or kin for placement.			P-Dec 2006 A-
				P2.14.1 Increase emphasis on preserving familial and community connections for children in out of home care.	Evaluation report	P2.14.1.a Evaluated Family-to-Family program regarding applicability for statewide implementation.	P-May 05 A-	
				Kathryn Sapp		P2.14.1.b Submitted evaluation recommendations to administration.	P-July 05 A-	
						P2.14.1.c Based on results of Family to Family evaluation and review of other state's best practices determined statewide applicability.	P-Aug 05 A-	
					State plan developed	P2.14.1.d Develop state plan to address preserving connections.	P-Oct 05 A-	
				P2.14.2 Improve diligent search for relatives/missing parents Bonnie Washeck		P2.14.2.a See P1.6.2.a		
						P2.14.2.b See P1.6.2.b		
						P2.14.2.c See P1.6.2.c		
						P2.14.2.d See P1.6.2.d		
				P2.14.3 Revise ICWA policy	Policy revision	P2.14.3.a Revised ICWA policy to reflect best practice standards.	P-Aug 04 A-Aug 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				Cindy Wilkinson Kathryn Sapp	CPS-1 CD-14	P2.14.3.b ICWA questions incorporated into intake (CPS-1) and family assessment (CD-14) tools.	P-May 05 A-	
					Policy disseminated	P2.14.3.c Newly revised intake & assessment disseminated to all CD staff.	P-Aug 05 A-	
					PRR	P2.14.3.d Add ICWA question to Peer Record Review tool.	P-Sept 05 A-	
					PRR quarterly data reports	P2.14.3.e Establish a baseline for ICWA for Peer Record.	P-Sept 05 A-	
Item 15: Relative placement		X	<p>Baseline 25.9%</p> <p>Goal 27.2% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).</p> <p>Progress to be tracked quarterly over two year period from CD Outcomes Report</p> <p>Baseline 83.0% (derived from average of 8 quarters PRR data in FY 2003 and 2004)</p> <p>Goal 87.2% (Goal established is calculated by taking the average of 8 quarters performance</p>	.	<p>Relative Placement monitored through the number of children placed with relative provider in legal status 1-4</p> <p>Monitored through Peer Record Review question V-1: Consideration was given to relatives or kin for placement</p>			<p>P-Dec 2006</p> <p>A-</p>

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			in 2003 and 2004 and adding 5% of the average to measure improvement).					
				P2.15.1 Increase system capacity to accurately track placement kinship vendor types. Lesley Pettit		P2.15.1.a See P1.6.1.a P2.15.1.b See P1.6.1.b P2.15.1.c See P1.6.1.c P2.15.1.d See P1.6.1.d P2.15.1.e See P1.6.1.e		
				P2.15.2 Improve diligent search for relatives/missing parents. Cindy Wilkinson		P2.15.2.a See P1.6.2 a P2.15.2.b See P1.6.2.b P2.15.2.c See P1.6.2.c P2.15.2.d See P1.6.2.d		
				P2.15.3 Evaluate support and training provided for relative/kinship resource families Cindy Wilkinson Jeff Adams		P2.15.3.a See P1.6.7.a P2.15.3.b See P1.6.7.b P2.15.3.c See P1.6.7.c		
Item 16: Relationship of child in care with parents		X	Baseline 91.0% Goal 91.9% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement).		Parent Visits monitored through Peer Record Review question V-3: The child is placed in close proximity to his/her family.			P-Dec 2006 A-
				P2.16.1 Improve diligent search for non-custodial parent.		P2.16.1.a See P1.6.2.a P2.16.1.b See P1.6.2.b P2.16.1.c See P1.6.2.c		

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
				Bonnie Washeck		P2.16.1.d See P1.6.2.d		
				P2.16.2 Improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families in the assessment, case planning and case plan review process. Increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.	PRR Outcomes	P16.16.2.a See S2.3.2.a		
						P16.16.2.b See S2.3.2.b		
						P16.16.2.c See S2.3.2.c		
						P16.16.2.d See S2.3.2.d		
						P16.16.2.e See S2.3.2.e		
						P16.16.2.f See S2.3.2.f		
				Kathryn Sapp				
Well Being Outcome 1 Families have enhanced capacity to provide for children's needs								
Item 17: Needs and services of child, parents, foster parents		X	Baseline 82.1% Goal 86.2%		PRR III-10 Rating for the overall quality of the comprehensive assessment.			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
			Baseline 91.0% Goal 95.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR III-3 The needs of the family/child are identified.			
				WB1.17.1 Improve family assessment and case plan tools to better link service provision to the needs of the bio family identified in the initial and ongoing assessments.		WB1.17.1.a See S2.3.1.a		
						WB1.17.1.b See S2.3.1.b		
						WB1.17.1.c See S2.3.1.c		
						WB1.17.1.d See S2.3.1.d		
						WB1.17.1.e See S2.3.1.e		
						WB1.17.1.f See S2.3.1.f		
						WB1.17.1.g See S2.3.1.g		
				Kathryn Sapp		WB1.17.1.h See S2.3.1.h		
			Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		PRR IV-15 Rating for the overall quality of the service plan and service delivery process.			
				WB1.17.2 Strengthen workers skills in engaging families in the assessment, case planning and case plan		WB1.17.2.a See S2.3.2.a		
						WB1.17.2.b See S2.3.2.b		
						WB1.17.2.c See S2.3.2.c		
						WB1.17.2.d See S2.3.2.d		
						WB1.17.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review processes to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		WB1.17.2.f See S2.3.2.f		
				WB1.17.3 Implementation of “Confirming Safe Environments” to reduce the risk for children in foster/kinship care to identify needs of child and providers. Cindy Wilkinson		WB1.17.3.a See S1.2.2.a WB1.17.3.b See S1.2.2.b WB1.17.3.c See S1.2.2.c WB1.17.3.d See S1.2.2.d WB1.17.3.e See S1.2.2.e WB1.17.3.f See S1.2.2.f WB1.17.3.g See S1.2.2.g		
Item 18: Child and family involvement in case planning.		X	Baseline 74.1% Goal 77.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Monitored through Peer Record Review question IV-8: The family participated in the development of and signed the service plan.			P-Dec 2006 A-
				WB1.18.1 Maximize parental/family participation in Family Support Team Meetings. Bonnie Washeck		WB1.18.1.a See S2.3.2 a WB1.18.1.b See S2.3.2 b WB1.18.1.c See S2.3.2 c WB1.18.1.d See S2.3.2 d WB1.18.1.e See S2.3.2 e WB1.18.1.f See S2.3.2 f		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Protocol established	WB1.18.1.g Established a protocol for accessing division staff outside of regular working hours.	P-Aug 05 A-	
				WB1.18.2 Improve the quality of Family Support Team Meetings. Kathryn Sapp Cindy Wilkinson		WB1.18.2.a See P1.7.2a		
						WB1.18.2.b See P1.7.2b		
						WB1.18.2.c See P1.7.2c		
						WB1.18.2.d See P1.7.2d		
						WB1.18.2.e See P1.7.2e		
						WB1.18.2.f See P1.7.2f		
						WB1.18.2.g See P1.7.2g		
						WB1.18.2.h See P1.7.2h		
				WB1.18.3 Review and further develop a handbook, to be distributed at the point of removal, to educate parents on their rights and responsibilities, court procedures, etc. Cindy Wilkinson		WB1.18.3.a Collected parent handbooks used by various circuits.	P-Aug 05 A-	
					Workgroup list	WB1.18.3.b Convened a work group to evaluate parent handbooks.	P-Oct 05 A-	
					Parent handbook	WB1.18.3.c Developed a universal parent handbook.	P-Jan 06 A-	
					Survey results	WB1.18.3.d Solicited consumer feedback on parent handbook	P-Apr 06 A-	
					Policy developed	WB1.18.3.e Developed policy on use of parent handbook.	P-July 06 A-	
					Policy disseminated	WB1.18.3.f Policy distributed to all staff and supervisory oversight.	P-Sept 06 A-	
					Training curriculum	WB1.18.3.g Policy Incorporated into BASIC training	P-Oct 06 A-	
Item 19: Worker visits with child – improve quantity and quality		X	Baseline 72.8% Goal 76.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Foster Care cases monitored through Peer Record Review question V-16: The worker visits the child twice every month.			
			.	WB1.19.1 Develop policy addressing the	Team appointments	WB1.19.1a Appointed visitation policy and practice team.	P-Jan 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				quality of visits to incorporate case planning, service delivery and goal attainment. Cindy Wilkinson Kathryn Sapp	Convene meeting	WB1.19.1.b Convened first policy and practice team meeting.	P-Feb 05 A-	
					Policy developed	WB1.19.1.c Team developed policy on visitation and draft protocol regarding quality of visits.	P-May 05 A-	
					Recommendations reviewed	WB1.19.1.d. Recommendation reviewed by policy review team and executive staff.	P-Jun 05 A-	
						WB1.19.1.e Policy disseminated to staff.	P-Aug 05 A-	
						WB1.19.1.f Utilize Practice Enhancement Teams (PET) to support protocols.	P-Aug 05 A-	
				WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases. Cindy Wilkinson Kathryn Sapp	Quarterly workload report	WB1.19.2.a Achieved progress in caseload equalization by developing quarterly circuit workload reports.	P-Aug 05 A- quarterly ongoing	
					PRR	WB1.19.2.b Circuit Managers monitored the frequency of worker visits through the PRR.	P-Aug 05 A-	
					Practice Improvement plans	WB1.19.2.c Circuit Managers assisted by PET to develop practice improvement plans.	P-Sep 05 A-	
				WB1.19.3 Tracking system to track worker visits (date/site).		WB1.19.3.1.a Enhancements made to the existing ACTS and FCS system.	P-Feb 06 A-	
						WB1.19.3.1.b SACWIS began to be available to track visitation in Case Management System.	P-May 06 A-	
Item 20: Worker Visit with parent(s).		X	Baseline 85.3% Goal 89.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement).		Intact and Foster Care Cases monitored through Peer Record Review question IV-14: The worker visits family (caretakers) at least one time per month.			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB1.20.1 Strengthen worker relationships with biological or adoptive parents. Bonnie Washeck	Protocols established	WB1.20.1.a Protocols established in WB1.19.1.c included in adoptive parent training	P-May 05 A-	
					Revise PRR	WB1.20.1.b Revised PRR to reflect collateral contacts required per family risk assessment/reassessment	P-Jun 05 A-	
						WB1.20.1.c See S2.3.2.a		
						WB1.20.1.d See S2.3.2.b		
						WB1.20.1.e See S.2.3.2.c		
						WB1.20.1.f See S.2.3.2.d		
						WB1.20.1.g See S.2.3.2.e		
					WB1.20.1.h See S2.3.2.f			
			WB1.20.2 – Refer to: WB1.19.1, WB1.19.2 and WB1.19.3 a. WB1.19.1 Develop policy addressing the quality of visits to incorporate case planning, service delivery and goal attainment. b. WB1.19.2 Increase policy compliance for frequency of worker visits for intact and out-of-home cases. c. WB1.19.3 Tracking system to track worker visits (date/site).		WB20.2.a See WB1.19.1.a-f WB20.2.b See WB1.19.2 a-c WB20.2.c See WB1.19.3 a-b			
Well Being Outcome 2 Children receive services to meet their educational								

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
needs								
Item 21: Children receive appropriate services to meet their educational needs		X	Baseline 95.6% (derived from average of 8 quarter PRR data in FY 2003 and 2004) Goal 96.6% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.)		PRR V-18 The child is at grade level and receiving appropriate educational services.			P-Dec 2006 A-
				WB2.21.1 Improve working relationship among Children's Division, Department of Elementary and Secondary Education (DESE) and local school districts. Fred Simmens	Protocol developed	WB2.21.1.a Protocol developed regarding inclusion of educational personnel in FST's.	P-Mar 05 A-	
					Education liaisons	WB2.21.1.b Designated an education liaison at the state level.	P-May 05 A-	
					Circuit Self Assessment	WB2.21.1.c Local level barriers identified regarding working with schools and educational disruptions of children in foster care.	P-May 05 A-	
					Written local plans	WB2.21.1.d Developed a plan to alleviate barriers and address educational disruptions of children in foster care as applicable.	P-May 05 A-	
					Written State plan	WB2.21.1.e Children's Division Administration partnered with DESE to address identified barriers at State level.	P-Aug 05 A-	
				WB2.21.2 Improve the flow of educational records and reports when children transfer schools.	Protocols developed	WB2.21.2.a Local protocols developed for alternative care children regarding permission of custodian to access records needed for enrollment.	P-Jun 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Kathryn Sapp Cindy Wilkinson	Residential Facility contracts	WB2.21.2.b. Incorporated accountability measures for transfer of educational records into Residential Facility contracts.	P-Jun 05 A-	
				WB2.21.3 Decrease the incidence of educational neglect, truancy and suspension of children in care. Cindy Wilkinson Kathryn Sapp		WB2.21.3.a Consult with National Resource Centers and other national education resources regarding early identification of educational neglect, truancy and suspension of children in care.	P-Apr 05 A-	
					Revised CD-14 and CS-1	WB2.21.3.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14 and CS-1.	P-Jul 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.3.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.3.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocol disseminated	WB2.21.3.f Protocols distributed to staff and shared with local school districts.	P-Nov 05 A-	
						WB2.21.3.g Protocols incorporated into BASIC and foster parent training.	P-Dec 05 A-	
				WB2.21.4 Decrease the incidence of educational neglect, truancy and suspension of children for intact families. Kathryn Sapp		WB2.21.4.a Consulted with National Resource Center on Child Maltreatment and other national education resources regarding early identification of educational neglect, truancy and suspension of intact families.	P-Apr 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					CD-14 revision	WB2.21.4.b Identification of risk factors for educational neglect, truancy or school suspension incorporated into the CD-14.	P-July 05 A-	
					Distribute youth training video	WB2.21.4.c Distribute Youth Training Video for teacher in-service training.	P-Sep 05 A-	
					Protocol developed	WB2.21.4.d Protocol developed for accessing early interventions for students at risk for educational neglect, truancy and suspension.	P-Oct 05 A-	
					Protocol developed	WB2.21.4.e Protocol developed for children expelled due to the Safe School Act.	P-Oct 05 A-	
					Protocols disseminated	WB2.21.4.f Protocols distributed.	P-Nov 05 A-	
						WB2.21.4.g Protocols incorporated into BASIC training.	P-Dec 05 A-	
Well-Being 3 (WB3): Children receive adequate services to meet their physical and mental health needs.								
Item 22: Physical health of the child		X	Baseline 96.9% Goal 97.8% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-17: The physical needs of the child are being met.			P-Dec 2006 A-
				WB3.22.1 Increase ability of Children's	Circuit Self Assessment	WB3.22.1.a Circuits identified available local dental resources.	P-Mar 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				Division staff and families to access available dental resources. Bonnie Washeck	Dental coordinator list	WB3.22.1.b Dental coordinator assigned to each region (local level) to identify barriers and facilitate access to dental providers.	P-May 05 A-	
					Notification letter	WB3.22.1.c Notified dental providers of regional dental coordinators.	P-Aug 05 A-	
					Written plan	WB3.22.1.d In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
					Assessment report	WB3.22.1.e Completed assessment regarding Dental Van program expansion.	P-Aug 05 A-	
				WB3.22.2 Increase capacity of staff to assess medical needs of children in intact families. Bonnie Washeck	CD-14 revision	WB3.22.2.a Revised CD-14 to include assessment of medical needs of children in intact families.	P-July 05 A-	
					Policy disseminated	WB3.22.2.b Issued revised form and policy.	P-Sep 05 A-	
					Training curriculum	WB3.22.c Existing staff trained in Assessment and Service Planning using CD-14 as tool statewide.	P-Oct 05 A-	
						WB3.22.2.d Integrated CD-14 into Advanced Family-Centered In-service training module.	P-Jan 06 A-	
Item 23: Mental health needs of the child		X	Baseline 96.4% Goal 97.3% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 1% of the average to measure improvement.		PRR V-19: The mental health needs of the child are being met.			P-Dec 2006 A-

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				WB3.23.1 Increase the ability of Children's Division staff and families to access available mental health resources. Jim Harrison	Circuit Self Assessment	WB3.23.1.a Available mental health resources identified through Circuit Self Assessment.	P-Aug 04	
					Mental Health Coordinator list	WB3.23.1.b Five Regional Mental Health Coordinators designated.	A-Aug 04 P-Jan 05 A-	
						WB3.23.1.c See S2.3.5		
					Written plan	WB3.23.1.d Mental Health Coordinators convened teams to identify local barriers, develop a plan to alleviate barriers and create partnerships to improve service delivery.	P-May 05 A-	
					Plan developed	WB3.23.1.e In partnership with Division of Medical Services (DMS) assessed and developed plan to reduce administrative burden on Medicaid providers.	P-Aug 05 A-	
				WB.3.23.2 Increase awareness of staff and foster parents regarding attachment and mental health issues. Cindy Wilkinson		WB3.23.2.a See P1.6.3.a		
						WB3.23.2.b Increased the number of staff and foster parents trained on Working with the Explosive Child (See Training Matrix).	P & A - Ongoing semi-annually	
						WB3.23.2.c Increased the number of staff and foster parents trained on Grief and Loss (See Training Matrix).	P-Sep 04 A - Sep 04 ongoing semi-annually	
					Curriculum developed	WB3.23.2.d Developed Reactive Attachment Disorder curriculum.	P-Mar 05 A-	
					Training agenda	WB3.23.2.e Incorporated attachment issues training into on-going training.	P-Sep 06 A-	
				WB3.23.3 Increase capacity of staff to assess mental health needs of children in	CD-14 revision	WB3.23.3.a Incorporated assessment of mental health needs of children in intact families in CD-14 revision (See S2.3.1.b-h).	P-July 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				intact families. Kathryn Sapp	Practice improvement plans	WB3.23.3.b Circuit Managers evaluated SCRT results and developed practice improvement strategies as needed.(See S2.3.3 a-f)	P-Apr 06 ongoing quarterly A-	
Systemic Factors								
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care.	X							
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		X	Baseline 80.4% Goal 84.4% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.		Monitored through Peer Record Review question IV-15 - Rating for the overall quality of the service plan and service delivery process.			
				25.1 Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments. Kathryn Sapp		25.1.a See S2.3.1.a		
						25.1.b See S2.3.1.b		
						25.1.c See S2.3.1.c		
						25.1.d See S2.3.1.d		
						25.1.e See S2.3.1.e		
						25.1.f See S2.3.1.f		
						25.1.g See S2.3.1.g		
						25.1.h See S2.3.1.h		
				25.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		25.2.a See S2.3.2.a		
						25.2.b See S2.3.2.b		
						25.2.c See S2.3.2.c		
						25.2.d See S2.3.2.d		
						25.2.e See S2.3.2.e		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		25.2.f See S2.3.2.f		
				25.3 Improve supervisory capacity to monitor practice linking the assessment with the overall plan. Bonnie Washeck		25.3.a See S2.3.3.a		
						25.3.b See S2.3.3.b		
						25.3.c See S2.3.3.c		
						25.3.d See S2.3.3.d		
						25.3.e See S2.3.3.e		
						25.3.f See S2.3.3.f		
						25.3.g See S2.3.3.g		
						25.3.h See S2.3.3.h		
				25.4 Maximize parental/family involvement in Family Support Team Meetings. Bonnie Washeck		25.4.a See P1.6.2.a		
						25.4.b See P1.6.2.b		
						25.4.c See P1.6.2.c		
						25.4.d See P1.6.2.d		
						25.4.e See S2.3.2 a		
						25.4.f See S2.3.2 b		
						25.4.g See S2.3.2 c		
						25.4.h See S2.3.2 d		
						25.4.i See S2.3.2 e		
						25.4.j See S2.3.2 f		
				25.5 Improve staff facilitation skills for Family Support Team Meetings. Jeff Adams	Training curriculum	25.5.a Began offering 25 supplemental FST trainings to selected staff throughout state.	P-Feb 05 A-	
						25.5.b Enhanced/Improved FST skill application for BASIC.	P-Feb 05 A-	
						25.5.c Advanced FST skill application integrated into advanced Family-Centered Out-of-Home Service In-Service module.	P-May 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						25.5.d Advanced FST skill application integrated into Advanced Family-Centered Service In-Service module.	P-Sep 06 A-	
Item 26: Process for 6-month case reviews		X	Baseline 62.8% (derived from average of 8 quarters in FY 2003 and 2004) Goal 69% (Goal established through method described in Item 15 using Outcomes Report data).		Monitored through CD Outcomes Report Outcome #12: Children with Timely Completion of Permanency Planning Review within 30 Days and 6 Months.			P-Dec 2006 A-
				26.1 Revised current policy to clarify an Administrative Review and requirements Kathryn Sapp	Draft policy	26.1.a Developed draft policy clarifying administrative review requirements and procedures.	P-Feb 05 A-	
						26.1.b Draft policy sent to policy review team and management.	P-Mar 05 A-	
					Policy revision	26.1.c Feedback received and revisions made.	P-Apr 05 A-	
					Policy disseminated	26.1.d New policy distributed to CD staff.	P-Jun 05 A-	
				26.2 Recruit 3 rd party participants for Administrative Reviews Cindy Wilkinson	Volunteer list	26.2.a Circuit Managers recruited and trained a pool of qualified volunteers to participate in six month administrative reviews.	P-May 05 A-	
						26.2.b Circuit Managers scheduled and assigned individual reviewers to cases.	P-May 05 A-	
				26.3 Increase ability to track 6 month Administrative Reviews separately from FSTs Cindy Wilkinson	System logic	26.3.a Met with MIS and developed system logic needed to add fields to SS-61.	P-Aug 04 A-Aug 04	
					CS-1 revision	26.3.b Revised the SS-61 to denote Administrative Review.	P-Jan 05 A-	
					Revised form disseminated	26.3.c Revised form and instructions distributed to all CD staff.	P-Jan 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.		X	Will extract data on most recent court date from ACTS system. <i>Baseline to be established by March 2005</i>					P-Dec 2006 A-
				27.1 Improve access to legal representation for CD. Fred Simmens		27.1.a See P1.9.4.a 27.1.b See P1.9.4.b 27.1.c See P1.9.4.c 27.1.d See P1.9.4.d 27.1.e See P1.9.4.e 27.1.f See P1.9.4.f 27.1.g See P1.9.4.g 27.1.h See P1.9.4.h 27.1.i See P1.9.4.i		
				27.2 Implement training to develop testifying skills for CD staff. Jeff Adams		27.2.a Current curriculum evaluated by Division of Legal Services.	P-Apr 05 A-	
						27.2.b Obtained technical assistance from DLS, NRC and OSCA.	P-Jun 05 A-	
					Curriculum modified	27.2.c Based on evaluation and technical assistance curriculum modified.	P-Oct 05 A-	
						27.2.d Modified curriculum approved.	P-Dec 05 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training curriculum	27.2.e Modified curriculum incorporated into Basic and OJT for existing staff.	P-Mar 06 A-	
				27.3 Increase the timeliness of 12 month Permanency Hearings Cindy Wilkinson Kathryn Sapp		27.3.a See 27.2.a		
						27.3.b See 27.2.b		
						27.3.c See 27.2.c		
						27.3.d See 27.2.d		
						27.3.e See 27.2.e		
					Report on circuits where issues need to be addressed	27.3.f Collaborated with OSCA at the state level to ensure joint accountability for timely court hearings and identify circuits where CD and court issues needed to be addressed.	P-May 05 A-	
					Workgroup participant list	27.3.g Developed on-going Court Issues workgroup to monitor timeliness of hearings.	P-June 05 A-	
						27.3.h Developed local protocols between the court and CD offices to ensure timely hearings.	P-July 05 A-	
					FST policy revision	27.3.i Revised Family Support Team policy to assure 12 month Permanency Hearing date is discussed and documented during team meeting.	P-Jul 05 A-	
						27.3.j Incorporated new FST policy into BASIC and OJT training for existing staff.	P-Aug 05 A-	
						27.4.a See P1.7.4.a		
						27.4.b See P1.7.4.b		
						27.4.c See P1.7.4.c		
						27.4.d See P1.7.4.d		
						27.4.e See P1.7.4.e		
						27.4.f See P1.7.4.f		
				27.4 Provide cross training to judiciary, court staff, GALs and Children's Division staff on ASFA & Permanency hearings consistent with state and federal regulations. Jeff Adams				

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
Item 28: Provides a process for termination of parental rights proceedings in accordance with provisions of ASFA.		X	Baseline 83.4% Goal 87.5% (Goal established is calculated by taking the average of 8 quarters performance in 2003 and 2004 and adding 5% of the average to measure improvement.)		Monitored through PRR V-14: TPR has occurred or been filed when the child has been in Out-of-Home Care for 15 of the most recent 22 months, or compelling reasons are documented.			P-Dec 2006 A-
				28.1 Improve access to legal representation for CD. Fred Simmens		28.1.a See P1.9.4.a 28.1.b See P1.9.4.b 28.1.c See P1.9.4.c 28.1.d See P1.9.4.d 28.1.e See P1.9.4.e 28.1.f See P1.9.4.f 28.1.g See P1.9.4.g 28.1.h See P1.9.4.h 28.1.i See P1.9.4.i		
				28.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan		28.2.a See S2.3.2.a 28.2.b See S2.3.2.b 28.2.c See S2.3.2.c 28.2.d See S2.3.2.d 28.2.e See S2.3.2.e		

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment. Kathryn Sapp		28.2.f See S2.3.2.f		
				28.3 Termination of Parental Rights will be filed in a timely manner, except when compelling reasons are documented. Cindy Wilkinson		28.3.a See P1.9.1.a		
						28.3.b See P1.9.1.b		
						28.3.c See P1.9.1.c		
						28.3.d See P1.9.1.d		
						28.3.e See P1.9.1.e		
				28.4 Improve diligent search for relatives/parents Bonnie Washeck		28.4.a See P1.6.2.a		
						28.4.b See P1.6.2.b		
						28.4.c See P1.6.2.c		
						28.4.d See P1.6.2.d		
				28.5 Collaborate with OSCA to amend 211.447 RSMo to ensure consistency w/ASFA requirements regarding filing of TPR petitions w/in 60 days of a judicial determination that the child is an abandoned infant, or that no Reasonable Efforts are required. Fred Simmens	Draft proposal	28.5a Proposal drafted.	P-Aug 05 A-	
						28.5b Written proposal reviewed by OSCA and the Department.	P-Oct 05 A-	
					Meeting agenda	28.5c Meetings held between OSCA and the Department of Social Services to finalize proposal.	P-Nov 05 A-	
					Draft legislation	28.5d Advocated for proposed legislation.	P-Jun 06 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
Item 29: Provides a process for foster parents, re-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.		X		29.1 Increase ability of foster parents to be notified of and heard in court. Jim Harrison		29.1a Implemented HB 1453.	P-Aug 04 A-Aug 04	
					Consumer survey	29.1.b Revised consumer surveys for foster parents, youth and bio parents to incorporate questions regarding notification of court hearings and opportunity to be heard in court.	P-Jun 05 A-	
						29.1.c Emphasized to staff the importance of including correct names and addresses in court reports.	P-Mar 05 A-	
					Cross training curriculum	29.1.d Comprehensive Child Welfare Training completed with OSCA.	P-May 05 A-	
Item 30: Standards to assure quality services and ensure children's safety and health	X							
Item 31: Identifiable QA system that evaluates the quality of services and improvements	X							
Item 32: Provision of ongoing staff training that addresses the necessary skills and knowledge	X							
Item 33: Ongoing training for staff		X						
				33.1 Develop supervisory training for front line supervisors. Jeff Adams		33.1a Professional Development and Training collaborated with HRC for on-going supervisors training.	P-Feb 04 A-Feb 04	
					Training agenda	33.1b Implemented Module Four of the CPS Supervisor Training Project.	P-Mar 04 A-Mar 04	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
					Training agenda	33.1c Implemented Module Five of the CPS Supervisor Training Project.	P-Jul 04 A-Jul 04	
					Training agenda	33.1d Implemented Module Six of the CPS Supervisor Training Project.	P-Oct 04 A-Oct 04	
					Debriefing report	33.1e CPS Supervisor Training Project Debriefing.	P-Dec 04 A-Dec 04	
					List of trainings offered	33.1f HRC supervisor administrative pre-service training began for CD supervisors.	P-Dec 04 A-Dec 04	
					Curriculum developed	33.1g Professional Development and Training completed development of new supervisor training curriculum/structure including initial and on-going training.	P-July 05 A-	
						33.1h Training curriculum reviewed and approved by CD management.	P-Aug 05 A-	
						33.1i Professional Development and Training selected one rural and one metro field test site.	P-Aug 05 A-	
						33.1j Professional Development and Training field tested curriculum in two test sites	P-Sep 05 A-	
					Evaluation report	33.1k Professional Development and Training evaluated field test results	P-Jan 06 A-	
					Curriculum revised	33.1l Professional Development and Training, revised curriculum based on evaluation	P-Jan 06 A-	
						33.1m Professional Development and Training implemented curriculum statewide.	P-June 06 A-	
				33.2 Develop advanced in-service training module for investigations and assessments Jeff Adams	Curriculum developed	33.2a Professional Development and Training developed advanced in-service curriculum for investigators and assessors.	P-Oct 04 A-Oct 04	
						33.2b CD administration approved advanced investigation and assessment in-service training module.	P-Nov 04 A-Nov 04	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training dates	33.2c Professional Development and Training began training advanced investigation and assessment curriculum.	P-Jan 05 A-	
					Curriculum revised	33.2d Professional Development and Training evaluated advanced investigation and assessment training module and made revisions.	P-June 05 A-	
						33.2e Professional Development and Training implemented revised investigation and assessment advanced in-service training statewide.	P-Jul 05 A-	
				33.3 Develop advanced in-service training module for Family-Centered Services Jeff Adams	Workgroup participant list	33.3a Professional Development and Training formed workgroup to develop Family-Centered Services advanced in-service training module.	P-Feb 04 A-Feb 04	
					Focus group report	33.3b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Service training needs.	P-Mar 04 A-Mar 04	
						33.3c Professional Development and Training reviewed Family-Centered Service focus group feedback.	P-Mar 04 A-Mar 04	
					Curriculum developed	33.3d Professional Development and Training developed advanced in-service curriculum for Family-Centered Services.	P-Aug 05 A-	
						33.3.e CD administration approved advanced Family-Centered Services in-service training module.	P-Aug 05 A-	
					Training dates	33.3f Professional Development and Training began training advanced Family-Centered Services curriculum.	P-Sep 05 A-	
					Curriculum revisions	33.3g Professional Development and Training evaluated advanced Family-Centered Services training module and made revisions.	P-Mar 06 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
						33.3h Professional Development and Training implemented revised Family-Centered Services advanced in-service training statewide.	P-Sep 06 A-	
				33.4 Develop advanced in-service training module for Family-Centered Out-of-Home Care Services Jeff Adams	Workgroup participant list	33.4a Professional Development and Training formed workgroup to develop Family-Centered Out-of-Home Care Services advanced in-service training module.	P-Jun 04 A-Jun 04	
					focus group report	33.4b Professional Development and Training workgroup conducted focus groups for feedback on Family-Centered Out-of-Home Care Services training needs.	P-Jul 04 A-Jul 04	
						33.4c Professional Development and Training reviewed Family-Centered Out-of-Home Care Services focus group feedback.	P-Jul 04 A-Jul 04	
					Curriculum developed and reviewed	33.4d Professional Development and Training developed advanced in-service curriculum for Family-Centered Out-of-Home Care Services and reviewed by OSCA.	P-Oct 05 A-	
						33.4e CD administration approved advanced Family-Centered Out-of-Home Care Services in-service training module.	P-Nov 05 A-	
					Training dates	33.4f Professional Development and Training began training advanced Family-Centered Out-of-Home Care Services curriculum in one metro and one rural site.	P-Dec 05 A-	
					Curriculum revision	33.4g Professional Development and Training evaluated advanced Family-Centered Out-of-Home Care Services training module and made revisions.	P-Mar 06 A-	

Program Improvement Implementation								
1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
						33.4h Professional Development and Training implemented revised Family-Centered Out-of-Home Care Services advanced in-service training statewide.	P-May 06 A-	
				33.5 Enhanced On-The-Job (OJT) Training Jeff Adams	Workgroup participant list	33.5a Professional Development and Training and Children's Services Specialist formed OJT workgroup.	P-Mar 04 A-Mar 04	
					Evaluation tools developed	33.5b Workgroup developed new evaluation tools for OJT activities.	P-Mar 05 A-	
						33.5c Children's Services Specialists provided enhanced OJT in field and served as clinical mentors/trainers for OJT.	P-June 05 A-	
				33.6 Create training advisory Committee to annually assess needs and evaluate training Jeff Adams	Advisory Committee participant list	33.6a Professional Development and Training created state training advisory committee, including schools of social work.	P-Mar 05 A-	
					Mission statement	33.6b Advisory committee developed a mission statement.	P-Apr 05 A-	
					Written assessment plan	33.6c Advisory Committee developed a written plan for assessing training needs	P-May 05 A-	
					Written evaluation plan	33.6d Advisory Committee developed a written plan for evaluating training needs	P-May 05 A-	
						33.6e Plan submitted to CD administrators for approval	P-Jul 05 A-	
				33.7 Develop Child Abuse and Neglect Training (CA/N) Institute for CD staff Cindy Wilkinson	Committee participant list	33.7a CA/N Training Institute Planning Partnership committee met to finalize topics and session content for upcoming three CA/N Training Institutes	P-Jan 04 A-Jan 04	
					Training agenda	33.7b Held first CA/N Training Institute Session	P-Apr 04 A-Apr 04	
					Training agenda	33.7c Held second CA/N Training Institute	P-Nov 04 A-Nov 04	
					Training agenda	33.7d Held third CA/N Training Institute	P-Feb 05 A-	

Program Improvement Implementation								
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							Benchmark	Goal
	A	N/A						
				33.8 Provide training based on circuit specific needs	Circuit Self-Assessments	33.8a Circuits completed Circuit Self-Assessments	P-Aug 04 A-Aug 04	
				Cindy Wilkinson		33.8b Circuits notified Professional Development and Training Unit of targeted training needs	P-Nov 04 A-Nov 04	
						33.8c Professional Development and Training Unit to began providing targeted training to circuits based on identified need	P-Jan 05 A-	
Item 34: Provision of training for caregivers and adoptive parents that parents addresses the necessary skills and knowledge	X							
Item 35: Service array		X						
				35.1 Increase access and availability to dental services Bonnie Washeck		35.1a See WB3.22.1.a		
						35.1b See WB3.22.1.b		
						35.1c See WB3.22.1.c		
						35.1d SeeWB3.22.1.d		
						35.1e SeeWB3.22.1.e		
				35.2 Increase the ability of staff and families to access Alcohol and Drug Abuse Services (ADA) Jeff Adams	Curriculum developed	35.2a Professional Development and Training developed Family Drug and Safety Training based in focus group information	P-Jan 04 A-Jan 04	
					Training agenda and date	35.2b Presented Drug training to focus group	P-Feb 04 A-Feb 04	
					Field test training	35.2c Field tested drug training in Southwest region	P-Jun 04 A-Jun 04	
					Training agenda	35.2d Second field test conducted in Jefferson County	P-Nov 04 A-Nov 04	
					Curriculum revised	35.2e Curriculum revised to reflect recommendations during field test, including target audiences and how many staff	P-Apr 05 A-	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measurement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	N/A						
					Training dates and sites	35.2f Completed three additional Family, Drugs and Safety trainings across the state.	P-June 06 A-	
				35.3 Increase availability of specialized foster homes for older youth, siblings, disabled and medically fragile children. Cindy Wilkinson		35.3.a See P1.6.5.a 35.3.b See P1.6.5.b 35.3.c See P1.6.5.c 35.3.d See P1.6.5.d 35.3.e See P1.6.5.e		
				35.4 Increase availability of and access to parenting classes and family/parent aide services. Bonnie Washeck	Circuit self-assessment	35.4.a Through circuit self-assessment, determined available parenting classes and family/parent aide services	P-Mar 05 A-	
					CTS contracts	35.4.b Developed performance based CTS contracts for family/parent aide and parenting class service	P-Feb 06 A-	
				35.5 Increase services to meet the needs of non-English speaking consumers. Kathryn Sapp	Circuit self-assessments	35.5.a Through circuit self-assessment, determined available interpretive services for non-English speaking clients	P-Mar 05 A-	
					Recruitment plans	35.5.b Developed recruitment plan for multi/bilingual staff in circuits with identified need	P-May 05 A-	
					Forms translated	35.5.c Made CD forms available in other languages (Spanish to accommodate growing Hispanic population)	P-Dec 05 A-	
				35.6 Increase availability of transportation services. Bonnie Washeck	Circuit self-assessment	35.6.a Available transportation services determined through circuit self-assessment.	P-Mar 05 A-	
						35.6.b Recruited regionally service organizations to provide transportation services.	P-May 05 A-	

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1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
					CTS contracts	35.6.c Issued state-wide transportation contracts.	P-Mar 05 A-	
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		X						
				See Item 35, 1-6				
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.		X						
				37.1 Increase access to existing services		See Item 35 1-6		
				37.2 Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.		37.2.a See S2.3.2.a		
						37.2.b See S2.3.2.b		
						37.2.c See S2.3.2.c		
						37.2.d See S2.3.2.d		
						37.2.e See S2.3.2.e		
						37.2.f See S2.3.2.f		
Item 38: Engages	X			Kathryn Sapp				

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1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
in ongoing consultation with critical stakeholders in developing the CFSP								
Item 39: Develops annual progress reports in consultation with stakeholders	X							
Item 40: Coordinates services with other federal programs	X							
Item 41: Standards for foster family and child care institutions	X							
Item 42: Standards are applied equally to all foster family and child care institutions	X							
Item 43: Conducts necessary criminal background checks.	X							
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity.		X						
				44.1 Increase the number of resource families. Cindy Wilkinson		44.1.a See P1.6.5.a 44.1.b See P1.6.5.b 44.1.c See P1.6.5.c 44.1.d See P1.6.5.d 44.1.e See P1.6.5.e 44.1.f See P 2.12.3.a 44.1.g See P 2.12.3.b 44.1.h See P 2.12.3.c 44.1.i See P 2.12.3.d		

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1			2	3	4	5	6	7
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							Benchmark	Goal
	A	N/A						
						44.1.j See P 2.12.3.e		
Item 45: Uses cross-jurisdictional resources to find placements	X							